151049	FOR STATE			EPARTMENT OF H	ALTH AND MENTAL	HYGIENE	1 9	9
101010	REGIS		MEI	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH REG.	NO.	9
10	1. DECEASE		ALLEY COLOR	MIDDLE	LAST	26 DATE KNOWN	MONTH D	AY YEAR HOUSE
33.52.52 1.52.52.52	(TYPE OR PK	Billy	I	Lewis	Aeschlimann	OF ESTI- DEATH MATED	2012	3, 19 83
PE SE	3. SEX	1. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS	IF UNDER 1 YR. IF UNDER		MONTH D	DAY YEAR THE HOLE
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A STATE OF THE STA	7s. BIRTHPL	ACE (STATE OR	76. CITIZEN OF WH		MARRIED NEVER MARE	9 BALTIMORE CIT	Y OR COUNTY O	OF DEATH
STATE OF THE PERSON OF THE PER	Washi	ngton, D.C.	U.S.A.			CED XJ: Prince G	eorge's	County
NE WELL	18. CITY OR	TOWN OF DEATH		PITAL, NURSING HOME,	OR OTHER INSTITUTION	120 USUAL OCCUPATION	TYPE OF WORK 12b	KIND OF BUSINESS
3 5 5 5	River	dale	Leland N	lemorial Hos	pital	Carpenter	S	elf Employe
201 Los Jens TAIN CLOBE	USUAL RES	DENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION	t	1		
2 4 4 5 5 A	Mary 1	_	G.	College Pa	123 00 110	_	od Road	20740
E, MD.	OS FATHER	'S NAME RST Car	MIDDLE	Aeschliman	is Mother's Maid Ethel	Beatri	ce	Griffin
5 20 5 4 5 F	16a. WAS D	ECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECURITY	IO. IT. INFORMANT	ADDRE	SS	
JRS AFTER DEA B. GIVE PAGES WITH FORM P T. PAGES I-AN	NO.	OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	220-38-3036	Mary C.	Johnston (Fian	ce) Same	as 13e
, \alpha . \gamma . \alpha /	18 (	AUSE OF DEATH (Enter a	nly one cause per line	for (a) (b) and (c))				APPROXIMATE INTERVAL
PRESTON ST., ITHIN 24 HOU! CIL IN ITEM 18 WER ALONG W WER ALONG W ANNIT PERMIT AL HYGERE, REMOVAL.	P	ART I DEATH WAS CAUSE	D BY:	(o), (o), and (c).)	a da some	order	Die	BETWEEN ONSET AND DEATH
NO TENT SERVICE SERVIC		IMMEDIA	(TE CAUSE (a)	AS A CONSEQUENCE OF	Jor you	10-0101	772	
W. PRESTC WITHIN 2 ENCIL IN II MINER ALC TRANSIT F NIAL HYG		Conditions, if any, which		1	10.5	av law	- 80	
		gave rise to immediate cause (a) stating the <u>under</u>		AS A CONSEQUE CE OF	THE WIS	order		
= = = = = = = = = = = = = = = = = = =		ying cause last.	00210,01	AS A CONSEQUENCE OF				
	PART	7 OTHER SIGNIFICANT CONDITION	(c)	HIT NOT BELATED TO THE TERMIN	L DISEASE OR CONDITION GIVEN IN P	497 1		
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	9 190.1	DATE OF OPERATION	119h CONDIT	ION FOR WHICH OPERAT	ION WAS PERFORMED?		12	0 AUTOPSY?
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ON OF VITAL FICATE SHOU THE WORD " TO THE CHIEF TO THE CH	MEDICAL CERTIFICATION OOD OOD OOD OOD OOD OOD OOD OOD OOD O	EXTERNAL CAUSE WAS	21b. TIME OF	INIURY	71, HOW IN HIPY OCCUPP	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	YES NO NO
S PHEST A	UND	ERLYING DOR	HOUR A.M	MONTH DAY YEAR	THE FIGURE BROOK! OCCORN	ED TENTENTALORE OF MADRIC MATTER	TOTAL TORTALIZA	
	O 71d 1	TRIBUTING CAUSE OF		DF INJURY (AT HOME.	21f LOCATION			
BIVISION S CERTIFIC REITING TH REDED TO 1 TE DEPARTA TE DEPARTA TO 1	WHI			ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
PAGE 212	AT V	VORK AT WORK						
NE SA SE	2	26. I certify that I took char	ge of the remains des	cribed abave, held an	Autopsy , Inspection	an Inquiry	and in my apinio	in
EXAMINER: CERTIFICAT CERTIFICAT DIRECTOR: C, WITH THE MARYLAND	deo	th resulted fram: Nati	ral causes .	Accident Suici	de 🔲, Homicide 🔲,	Undetermined manner	,	
EXAMI CERTIF JLD 8E DIREC DIREC	ACT	//	7		TITLE (SPECIFY)			
CAL EXA THE CER SHOULD SATH, WI	SIGN	ATURE 10	1/	Taren	M.D. Dep	MEDICAL EXAMINER	SIGNI	Y23198J
WEDICAL BE A SHOUTE THE GEASTHOUSE A SHOUTE THE GREATH, TIMORE, W	1	AINER'S NAME		(//				
TO MEDI EXECUTE PAGE 4: TO FUNE BANTIMO	TTYPE	OR PRINT)			ADDRESS			
557 5 5 4 8		CREMATION, REMOVAL			TERY OR CREMATORY	23d LOCATION	P.G.	Mourstrie
07/84 BP		Burial	5/28/85		oln Cemetery	Brentwood		Maryland
25M DHMH - 17	1.170115	HEEFER Gasch	MDDMESS		ome ZSo. DATE	REC'D. BY REGISTRAR 1256 RE	BISTRARY SIGN	son- Pandell.
(VR A15 ME (5))	1 4730	Raltimore	ATTO	Hvattevill	e. Maryland	MAY 28 1985		

STATE OF MARYLAND

141038

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENT			<b>5</b> 1	2 3		
	CEASED NAME	FIRST	,	AIDDLE	(	AST		20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUF	2
(TYPE	OR PRINT)	ARAH		J. A	INDERS	ON			5-	14-1985	101	4. M .
3.5E			4. RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR		
	FEMALE		CAUCA		APR.			70	YRS.	MONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRI	ED 🗆	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH		
	N. CAROLIN	AV	U.S.		WIDOWE	DIVORC	ED 🗍	PRINCE	GEORGE	S CO.		MD.
0 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSII		OR OTHER INSTITUTI	ION	12a. USUAL OCCUP			OF BUSINES	SSOR
	ERWYN HGTS		621	6 QUEB	EC PI			HOMEMAKE		AT	HOME	
13a. S	AL RESIDENCE (# NURS	13b COU	OTHER INSTITUTION	BERWYN	VN	13d INSIDE CITY LIV YES 🛣 NO		13. STREET ADDRE	SS / ZIP COL		740	
14. FA	THER'S NAME			1467		15 MOTHER'S MAI	DEN NAM					
1	ELBERT		MIDDLE	McRARY		HATT	CIE	MIDDI	t	YARBRO		
	VAS DECEASED EVER			16h SOCIAL SEC	URITY NO.	17 INFORMANT		AD	DRESS			
(	YES, NO OP UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	218-56-	8503	ROE F. A	INDER	SON (	SAME A	S ITEM	0	
CERTIFICATION	Co.	, which mediate ng the lost.	DUE TO, O  DUE TO, O  DUE TO, O  CONDITIONS CO  196 CONDI	R AS A CONSEQUENCE OF TRIBUTING TO A RELATION FOR WHICH	DEATH BUT	NOT RELATED TO TO TO SEASE	HE TERMII	NAL DISEASE OR C HYPER  200 AUTOPSY? YES NO	ONDITION GETENSI	ES, WERE FINDI	INGS USED	H?
8	218 ACCIDENT WAS UN	-	110110 1		AY YEAR	216 HOW INJURY	OCCURRE	ED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)		
OA	(IF EITHER NOTIFY MED	ICAL EXAMINE	P.		19							
MEDICAL	WHITE NOT WE AT WORK	HILE []	(AT HOME STE	OF INJURY SEET FACTORY OFFICE	FARM ETC )	21f LOCATION STREET		CITY C	R TOWN	COUNTY	51	ATE
	220 F certify that (I) now the discompose. (I) (we) ) 775. SIGNATURE		//	5 14 19 after death.	<b>85</b> , or	nd that in (my) (aur) DEGREE	opinian d	/	e date and ha	our and fram the	, that (I) (we causes state	
		OX a	11-					DIRECTOR PH	STAFF YSICIAN	MA	Y 14.	1985
١.	22d. PHYSICIAN'S N'	0	Ar 1			22e ADDRESS	201		0.1	1 (	2 . 12	0 1
22- 1	BURIAL, CREMATION,	0( - (	23b. DATE	T 22	NAME OF C	EMETERY OR CREM.	Del	1238 LOCATION	1001	lege 1	tark	110
	BURIAL  BURIAL	, KEMOVAL	5-16-1			HILL CEMET		SUITLAN		G.C.	Md . 51.	ATE
24. FI	UNERAL DIRECTOR			ADDRESS			250 DATE	REC'D, BY REGISTI		STRAR'S SIGNA	TURE	
W	. W. CHAMI	BERS (	0.		ERDALE	E, Md.207	7MA	Y 1 6 198	gama	Duidson	-Handel	2

DHMH - 16 50M 4/83 (VRA 15, 4)

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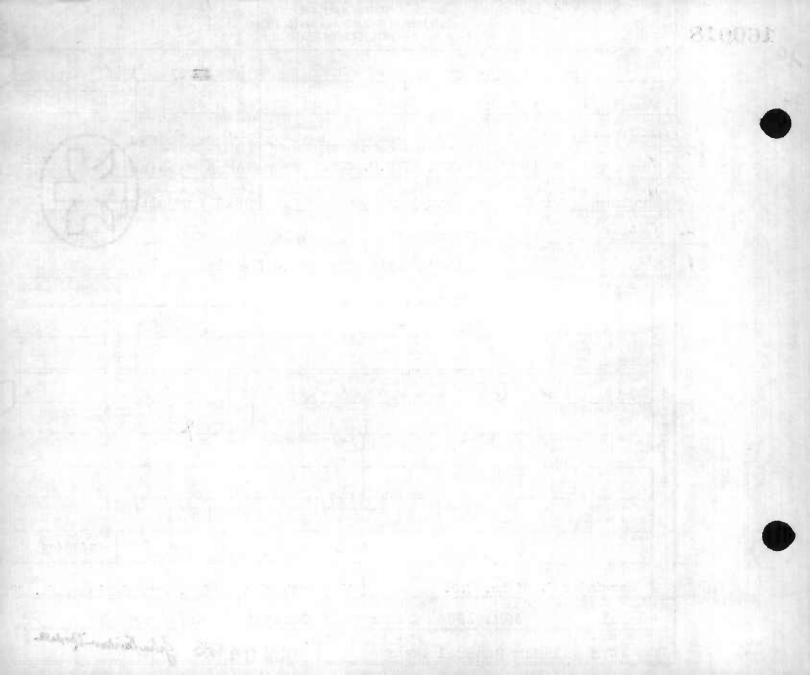
Suitland, MD.

E Wilhelm Funeral Home

DHMH - 16 60M 7/B4

(VRA 15, 4)

Robert



executed within 24 hours ofter death. Page 4

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

#### FOR = STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE

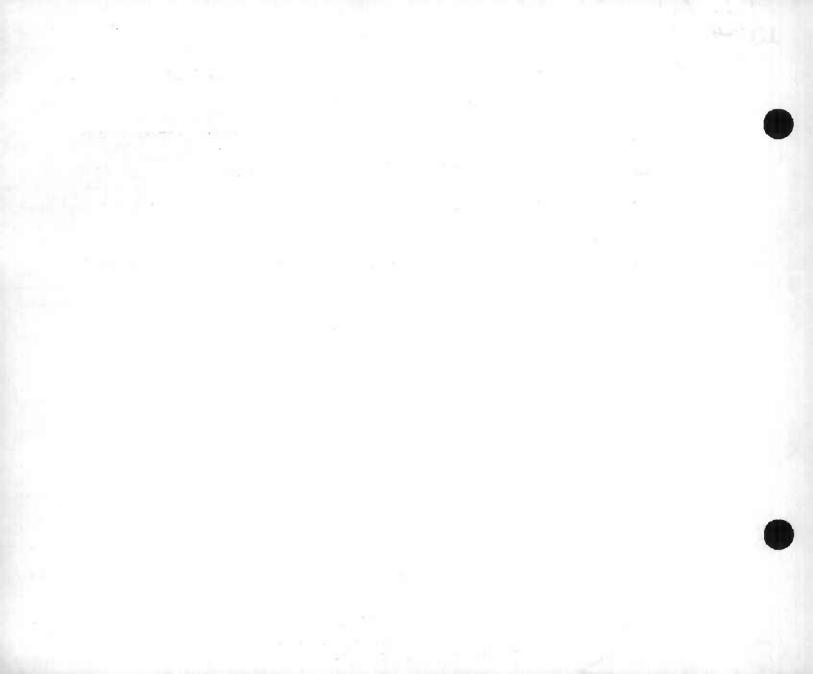
9 17-18-0	5	Callen	2	East No.

	' -	REGISTRAR			CERTIF	ICATE OF DEA	HTA	REG. N	10.		
			FIRST	MIDDLE	L	AST				DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	Tames		Antuca			May 5 100	) E		1.000 4
	3. SEX	(	4. RACE		5. DATE C				~ ~	IF UNDER 1 YEAR	
1	DEFECTACION NAME   TREET   T										
10	7a. BI	RTHPLACE (STATE OR FOR	EIGN 76. CITIZEN OF	WHAT COUNT	RY? 8	NEVED AAA	DDIED [	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
C	Ì	Pa.	US					Prince Ge	eorges	County	7 MD.
4	10 CI	_		HOSPITAL, NUI	RSING HOME C	TOTHER INSTITU	NOITU	(TYPE OF WORK FOR MOST		E) INDUSTRY	
7.0	USUZ					TITE NOS	PILL	Police		Law	18 -1
1	13a. S	TATE 113	L COUNTY	13c CITY OR T	OWN						04
11	14. FA		WIDDLE	LAST						LA	ST
26		Angelo		_	tuso	Vic	toria	a		Pres	ken
1				166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDR	ESS		
				175-24	4-8472	Evelyn	May	Artuso	Same	as 1	3e
		18 CAUSE OF DEATH	Enter only one cause pe	r line for (a), (b)	, and Ich		1			APPROX BETWEEN	ONSET AND DEATH
				Card	jac	apres	r				
			DUE TO, C	OR AS A CONSE	QUENCE QF	0	. 0		200		
				Massix	e m.	400000	4	Intranchio	<i>/</i> · )		
		couse (a), stating	the DUE TO. C	R AS A CONSE	OUENCE OF			V			
		underlying couse	lost. (c)_								
	,	PART 2. OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIVE	EN IN PART 1	o
_	10								Tea Inves	A SERVICE CONTRACTOR	
1	FICA	190 DATE OF OPERATIO	IN CONE	DITION FOR WH	IICH OPERATIOI	N WAS PERFORM	NED	ZOn AUTOPSY?	IN CERTIFY	YING CAUSES	OF DEATH?
-	ERT	21- ACCIDENT WAS UNDER	ANING TO 121h THAT	DE INTITION	<del></del>	Tale HOW INTILL	DV OCCUPE	7			NO 🗌
1			110110 4		DAY YEAR	21C110W 11930	RT OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM IS PA	IRT I OR PART 2)	
	CA				19	211 LOCATION					
	MEC		(AT HOME S		ICE FARM, ETC )			CITY OR TO	NWC	COUNTY	STATE
		AT WORK AT WORK					. 20	- I		96	-
			h (	he deceased fro	0 6	d that in (mv) (or	r) apinian d	eath accurred on the	lote and hour	-	
		abave, (1) (we) (did		y ofter death.					010 0110 11001		
		I DIB	oper		)	ATTI	ENDING YSICIAN IX			5-	6-85
1		224 PHYSICIAN'S NAM	E (TYPE OR PRINT)			22e ADDRESS				.1	
		K.A.1	5HOJRF	1J		704 6	orma	m Ave,	-aur	el, m	020707
							MATORY	CITY OR TOWN			STATE
	24 51	Burial	1 5/8	/85	Ivy H	i11				P.G.	Md.
		NAME		ADDRE	S Laure	e1,Md 2	d-74/A	REC'1984 1985 RAF	75b. REGISTS	HELLIGHT	Marine
	F1	eck F.H.	Inc. 7601	Sandy	Spr.	Rd.		<u> </u>			

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18 shame any injury, ar other troumotic event, the medical exam

shauld be detoched for use as the burial-tronsit permit. Then please remave corbon pape with the State Dept. at Health and Mental Hygiene prior to burial, cremotian, or remaval



DEPARTMENT OF HEALTH AND MENTAL HEDIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH TYPE OR PRINT May 1, 1985 Martha Rogers Ashe 12:00 M 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR HOURS Aug. 27, 1893 Female Caucasian BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland DIVORCED U.S.A. Prince George I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Cheverly 3101 Lake Avenue P.G. County School teacher SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION School System 13g STATE 13h COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3101 Lake Avenue 20785 NOF Marvland P.G. Cheverly YES TO A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST William Rogers Martha Ashe IN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Spouse HEYES GIVE WAR OR DATEST Thomas J. Ashe, Same as Line #13 214-74-4639 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and ic PART I. DEATH WAS CAUSED BY EREBAL ARTERY OCCLUSION Canditions, if any, which gave rise to immediate couse (o), stoting the DUE TO OPPLAS A ONSEQUENCES underlying couse lost NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH

> AT WORK NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from deceased alive an 3 (1) when the bi and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated 27h SIGNIATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

> > Ft. Lincoln Cemetery

21f LOCATION

6300 Riverdale Road

21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

Riverdale, Maryland 20737 John U. Kehoe, M.D. 230. BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY

Francis Gasch's Sons Funeral Home DHMH - 16 60M 7/84 4739 Baltimore Avenue, Hyattsville, Maryland (VRA 15, 4)

LIF EITHER NOTIFY MEDICAL EXAMINER

Burial

COUNTY

Brentwood, P.G. Maryland

STATE

May 2, 1985

1200 , C 18 office creens of the (20)-01 Pendin Camanina nine 27, 1993 owned oppist Chevoriv Stoll Inka Evenue / LUCV Company of 4 39 I strayed to the land week ALOL MAKE THINKS SEESE .P. entitle CH CH - F - DWD-0 Manager of the contract of the Lighth D. shoe, M. D. C. C. Civerlate, heyland 1777 Sunday Interest Theorems Sunday Interest It and Interest and ference ages (deeps mineral ATTH Heltinors Avenue, Lyatlaville, Maryland MAL 6 500 , Section 1278

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND



						STAT	E OF MAI	RYLAND		22 1	->	8	
0503	1	STATE						ND MENTAS I		2 1	ATE MONTH BAY YEAR 2d, HOPPOUNCED EAD 19 MM.  ATE MONTH BAY YEAR 2d, HOPPOUNCED EAD 19 MM.  TIMORE CITY OR COUNTY OF DEATH  TRINGE George'S MD.  CCUPATION (TYPE OF WORK WORKING LIFE) MORKING LIFE)  Her's aide Center  DORESS 9th Avenue 20785  MIDDLE LAST  Cockerille  8506 DESS Md. 20740  APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH  DET WILLIAM COUNTY STATE  DUTY ON THE MITTER SIGNED STATE  THE MITTER SIGNED STATE  AMD STATE  DUTY ON THE MITTER SIGNED STATE  THE		
10	F	REGISTRAR		M		EXAMINI	ER'S CER	RTIFICATE					
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斯岩車			atherin		uise I			che		DEATH MATED	5	-4 198	15 M
E OF	3 SFY	4. F	RACE	S. DATE OF BIRT	H Y YEAR	6. AGE (IN YEAR		R I YR. IF UNDER		DATE	MONTH	BAY Y	Zd. H997
	-		White	Nov. 22	,1932	52 YR	S.			DEAD	5 -	4 190	85 AM
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2		ginia		U.S.			WIDOWED						MD.
7	D. CIT	TY OR TOWN OF	DEATH	11. NAME OF H	OSPITAL, NU	JRSING HOME,	OR OTHER I	NOITUTITZ		OCCUPATION OF WORKING LIFE)	(TYPE OF WORK		
1	Tu	ixedo		2305 59					Tea	cher's	aide		
d	130. ST		N NURSING HOME	OR OTHER INSTITUTION		E BEFORE ADMISSIO		. INSIDE CITY LIMITS?	13e STREET	ADDRESS		Center	•
2		yland	Pri	nce Geor				ES NO			enue	2078	35
7		THER'S NAME		MIDDLE		LAST	15.	MOTHER'S MAID				TAST	
	He	enry Guyt	hur De			2431	E1	lizabeth		MODIC	Cock	erille	
	16e. W	AS DECEASED ET	VER IN U.S. AR		16b SO	CIAL SECURITY		INFORMANT	- 1	8506DD	unnin	gham Di	rive
	110	No	10 163, 0146	E WAR ON DAIES!	577	-42-061	6	Benjamin	Bache			_	
1			EATH (Enter or	nly ane cause per l	far (a), (b	), and (c).)			-				
ا ن	100	PARTIDEATI	H WAS CAUSE	TE CAUSE (a)	W Lin	a sele	estre	Carden	UTS.	culor,	dist	BETWEEN	DNSET AND DEATH
REMOVA		300	IMMEDIA		ÓR ÁS A COI	NSEQUENCE O		-11 - 1			2.9		- I
			if any, which										
			ta immediate		OR AS A COI	NSEQUENCE O	F						- 3
		lying cause I	ost.	(0)								18	
		PART 2-DTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE DR	CONDITION GIVEN IN PA	APT 1 (a)				
	Z	Chin	nie o	BINYU	ilu	6 Huls	non	es des	ecco	06	ente		
4	CERTIFICATION	19a. DATE OF OP	PERATION	196. CON	DITION FOR	WHICH OPERA	ATION WAS	PERFORMED?		1	1	20. AUTO	PSY?
4	FIG										- 8	YES	NO F
d	ERT	21a. EXTERNAL C	_		OF INJURY		21c. HOW	INJURY OCCURR	ED LENTER NATU	IRE OF INJURY IN ITE	M TB PART 1 OR		
	_	UNDERLYING CONTRIBUTING			.M. MONTH	DAY YEAR							
	MEDICAL	21d. INJURY OCC		21e PLAC	E OF INJURY	(AT HOME,	211. LOCAT			19.7	37		
	¥	WHILE AT WORK	T WORK	STREET, F	ACTORY, FARM, I	ETC.)	STREE	1	CI	TY OR TOWN		OUNTY	STATE
					/				T			200	
				ge of the remains			Autapsy	Inspection		nquiry []	and in my	Dpinian	
	- 17	death resulted f	ram: Notu	oral causes	Accident	LJ, Suid	ride .	Hamicide	Undeterm	ined manner			
		ACTUAL C	1/110	NXXX	Low	ino/		Deputy			DAT	E AT	11-52
		SIGNATURE	1 veller	10.	eny	wy.	M.D	Deputy		LEXAMINER			
A		EXAMINER'S NA	ME	Augusto	P. Rodr	iguez, M.			5009 Ra	yburn Ct.	., Temp	le Hills	, Md
4	17. 0	(TYPE OR PRINT)	N personal			and and	ADD	DRESS	1221 100.	TION			
	(5)	JRIAL, CREMATIO				edar Hi			23d LOCA CITY OR TO				
	24 FI	Buri	0	May 7,19				101 0 100	Suit				ryland
		NAME	4739	Baltimor				Le, MAN				son-Hand	ملاك
	Fra	encis Gas	sch's S	ons F.H.	P.A.	Mary1a	nd 207	781 MA	1 81	985	indrand an	201-10-	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR				CERTIF	ICATE OF I	DEATH		REG. NO.			
	CEASED NAME	FIRST	,	MIDDLE	1	AST .		20. DATE OF		ONTH I	DAY YEAR	26 HOUR
(TYPE	OF PRINT)	RVILLE	SI	ELA	В	AKER		MA	Y 29,	1985		10:45a
3 SE	Х		4 RACE		5. DATE C			6 AGE (IN YE	ARS LAST BIRTH		IF UNDER 1 YEAR	
M:	ale		White		09		1919	65		YRS.	DATS	MOOKS MIN.
	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY	2 8			9 BALTIMOI	RE CITY OR		OF DEATH	
	COUNTRY)		TT C A			D X NEVER	MARRIED '				COUNT	Υ
	nnecticut	ATH	U.S.A	HOSPITAL, NURSI	WIDOWE		VORCED [	120. USUAL C			-	OF BUSINESS OF
10. C		^'''	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)			(TYPE OF WORK	FOR MOST OF		E) INDUSTRY	(
	LANHAM		DOCTO			of P.G.	Co.	Train	man		B%0	Railroad
	AL RESIDENCE (IF NUR	113b. COUN		GIVE RESIDENCE BEFOR		1 13d INSIDE C	ITY LIMITS?	13e.STREET A	DDRESS /	ZIP CODE	No.	
Ma	aryland	P.G.		Lanham		YES X	NO 🗌		Cipri			0706
	ATHER'S NAME					15. MOTHER	SMAIDENNAM	ΛE			VO 3	
	Orville	^	MIDDLE	Baker		.1	enny		MIDDIE		Mi	ller
16n \	WAS DECEASED EVER	INUS ARA	MED FORCES?	16b. SOCIAL SEC	URITY NO	17 INFORMA			ADDRES	S		
	YES, NO OR UNKNOWN)		WAR OR DATES)					(III + - )	Cama	20 1	20	
	No	1		578-01-	1/00	нетеп	Baker	(MITE)	Same	as I		
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter onl	ly one couse per	line on in, the, or	pd (c).1	Du	Van me	arel 1	Kle	1	BETWEEN	XIMATE INTERVAL NONSET AND DEATH
	PARTI DEATH		E CAUSE (o)	10cms	Su Co	100	mone	7	wyo	usu	4	
			DUETO	RASCOLEONSEOL	IENICE OF	11	10	1	-			1
	Conditions, if ony	which	( , , )	Stalle	1 803	MOD.	COK	hea ?	Jus	3	18 con	
	gove rise to im	mediote	(6)		-6	0				1		
	couse (a), stati		DUE TO, O	r as a conseol	JENCE OF						10.00	
			(c)									
7	PART 2. OTHER SIG	NIFICANT C	ONDITIONS CO	DNTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE	OR COND	ITION GIV	EN IN PART	(0
CERTIFICATION												
CA	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFO	DRMED	200 AUTC	PSY?		S, WERE FIND	INGS USED
TIF								YES X	NO		S	NO 🗌
CER	210. ACCIDENT WAS UN	DERLYING			ME LE	21c HOW IN	JURY OCCURR	ED (ENTERNA	TURE OF INJURY	IN ITEM 18 P	PART I OR PART 2)	
	OR CONTRIBUTING		181	M. MONTH D	AY YEAR							
MEDICAL	(IF EITHER, NOTIFY MED 21d. INJURY OCCUP		P. 21e. PLACE		19	211 LOCATE	NC					
ME	WHILE NOT W			REET, FACTORY, OFFICE.	FARM, ETC.)	STREE			CITY OR TOW	N	COUNTY	STATE
	AT WORK AT WO	ORK -		200					00			
	220.1 certify that (I					3	_, 1985		ay 29		19_85	, that (I) (we) los
	sow the decease above, (1) (we)	sed olive on,			05,01	nd that in (my)	(our) opinion d	leoth occurred	d on the dot	e and hou	ond from th	e couses stated
	226 SIGNATURE	1	11)	-	7	DEGREE	V TO	10000			22c. DAT	E SIGNED
		/11	110	plu	1		PHYSICIAN TO	MEDICAL	STAFF		E / 2/	0/85
	22d. PHYSICIAN'S N	AME TYPE OF	R PRINT)		1	22e ADDRES		DIRECTOR	_ Fittotell		13/3	1/85
	0'Hannes	Sahal	M nety	D	1	5632	Annanoli	ie Road	1 R1s	denel	hura I	Md. 2071
_										.u chia	Ju. 5, 1	14. 20/1
	BURIAL, CREMATION (SPECIFY)	, REMOVAL	23b. DATE			EMETERY OR			OR TOWN		COUNTY	STATE
	Buria	1	6/3/8	5 Sc	outh C	arolina	a Cemete	ery Bat	esbur	g Le	exingto	on S.C.

DHMH - 16 60M 7/B4

(VRA 15, 4)

TO FUNERAL DIRECTO should be detoched for with the State Dept. of 1 IMPORTANT: If Hem 2

> 24 Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

JUN 5

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

The Davidson Randoll

- STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

CERTIFICATE OF DEATH

	REG. NO.		
Ī	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	May 2	0, 1985	1:37p
	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	00	MONTHS DAYS	HOURS MIN

4. RACE 3. SEX 3MC25/2h Th CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE A STATE OR FOREIGN COUNTRY Texas IN CITY OR TOWN OF DEATH

N/M/N

Edythm

MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

LAST

Beard

March

5. DATE OF BIRTH

Prince George's 126. KIND OF BUSINESS OR 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY University of Secretary

BALTIMORE CITY OR COUNTY OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Maryland

Riverdale

1. DECEASED NAME (TYPE OR PRINT)

Prince Georges Hyalsville

Beard

Leland Memorial Hospital

13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

Ruby

36 STREET ADDRESS / ZIP CODE SIDHUOOD MIDDLE

Arnott

Mitchell

NO

CERTIFICATION

à

burial-transit per Mental Hygiene

00

168 WAS DECEASED EVER IN U.S. ARMED FORCES? LIE YES GIVE WAR OR DATEST

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), I)
PART I, DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

166 SOCIAL SECURITY NO

2800 Ritchie-Mariboro Road 17 INFORMANT Christine Sparks. Upper Marlboro, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20782

Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

ecom Densetible

206 IF YES, WERE FINDINGS JISED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOW

COUNTY

2 THE ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 JNJURY OCCURRED

NOT WHITE

HOUR AM MONTH DAY YEAR P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)

946 TIME OF INJURY

7H-LOCATION

CLIY OR TOWN

STATE

22a | certify that (I) ( hospital) attended the deceased from saw the deceased alive an.

Manch

85

ATTENDING

MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN

, and that in (my) (<del>our)</del> apinion death occurred an the date and hour and from the causes stated

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22c. DATE SIGNED 5-20-85

22d PHYSICIAN'S NAME LITYPE OR PRINTS

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

Walcutt Gibson, M.D.

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

4300 St. Barnabas Road, Marlow Heights, Md.

Brentwood, P.G., Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

5 of

hould be deto

MPORTANT

5/24/85 Ft. Lincoln Cemetery rancis Gasch's Sons Funeral Affome

236 DATE

739 Baltimore Ave. Hyattsville, Maryland

MAY 2 8 19

Astrones . rde Mitchell . S y confer a 1 1 1 25 .bs., andfest coop, Heres driftered, 181. For Late M. Lingala Contains Constituted, D. C., Marvisad omni Luronzi cine s'domni alongo

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6	1-	STATE REGISTRAR		DICAL EXAMIN		100	EATH A	15	121 6	i a
<u> </u>		CEASED NAME FIRST		MIDDLE	LAST	CATE OF DE	2a. DATE KNOWN	1	DAY YEAR 26 H	HOUR
( e )	{TYI	PE OR PRINT)	HAEL Ge	orge	BELL		OF ESTI-		4 19 85	
1658年	3 SE		5. DATE OF BIRTH	6 AGE (IN YE	RS IF UNDER 1 YR.	IF UNDER 24 HR	S. 2c. DATE	HTMOM		HOUR
84868	Ма	le Caucasi	an Novembe	r 18,1960 2	. I MOINING DATA	HOURS MIN.	PRONOUNCED DEAD	5	4 19 85 10	)P M
SSA SSA HIM	7a B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIED   NE	VED MADDIED D	9 BALTIMORE CIT	Y OR COUN		71
SAN	L	ouisiana	USA		WIDOWED -	DIVORCED [	Prince Ge	eorge's	County	MD
SE S	10. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITU		USUAL OCCUPATION ( OR MOST OF WORKING LIFE)	TYPE OF WORK	126 KIND OF BUSINE OR INDUSTRY	SS
PA PA PA		linton	Southern	Maryland H	ospital		creen Print	er	Printing	
H. IF ANY DELAY IS NECES. AND 310 THE FUNERA S. 2 SHOULD BE FILED, WITHIN TAL RECORDS, 201 W. PRESTON THE PROPERTY OF THE PROP		AL RESIDENCE (IF IN NURSING HOATATE 13b. COI		136. CITY OR TOWN	13d. INSIDE C	CITY LIMITS? 13e S	STREET ADDRESS			
12. A A B D B C C			e George's	Brandywin			L806 Earnsh	law Cou	rt (20613)	
E, MD.	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST		ER'S MAIDEN NA	ME		LAST	
ORE, A DEATH AGES 1, RM PM PM PM PM PM PM PM PM PM PM PM PM PM P		orge M. Bell	DATED FORCES	1166 SOCIAL SECURITY		obbie M.	Adkinson	Ecc		
SE S	()	ES. NO, OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	100. SOCIAL SECORII						
BALTIMA JRS AFTER B. GIVE PA WITH FOR DIVISION	-	NO N/			Geor	rge M. Be	ell - Same	As #13	A-E  APPROXIMATE INTER	21/41
ON ST., 24 HOUR ITEM 18. LONG W PERMIT. SIENE, D	1	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	SED BY:		indunica				BETWEEN ONSET AND I	DEATH
PRESTON ST ITHIN 24 HO CIL IN ITEM 1 NER ALONG ANSIT PERMI REMOVAL.	100	8/20 IMMED	ADUE TO OF	R AS A CONSEQUENCE	injuries					
HIN HIN NSIT HYOUR EMON		Conditions, if any, whi	ch							
201 W. PRE JIED WITH! IN PENCIL I EXAMINER O MENTAL I ON, OR REA		gave rise to immedia couse (a) stating the und		R AS A CONSEQUENCE O	OF .					
DS, 201 W. PREST MECUTED WITHIN UG." IN PENOLL IN AAL EXAMINER A BURIAL - TRANSIT AND MENTAL HY ATION, OR REMO	10	lying cause lost.	(6)							
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR PRESTON ST.  S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR PRINGE "IN PERFOLL IN ITEM 18 REDED TO THE CHIEF MEDICAL EXAMINER ALONG VER 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT E DEFENTIVENT OF HEALTH AND MENTAL HYGIENE, ON PRINGE TO BURIAL, CREMATION, OR REMOVAL.	1	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	IN GIVEN IN PART 1 (a).				
RECORDS D BE EXECUTOR MEDICAL AS A BU CREMAT	O N	HO HADES					May be the last			
HOULD HOULD USED A USED	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	ITION FOR WHICH OPER	ATION WAS PERFOR	RMED?			28 AUTOPSY?	
E SHOUL WORD "P E CHIEF BE USED NT OF HI	T E	21a EXTERNAL CAUSE WAS	21b. TIME O							
CERTIFICATE SH CERTIFICATE SH CERTIFICATE SH DED TO THE CF E 3 SHOULD BE L CEPARTMENT CF I PRIOR TO F COMMENT COMME		UNDERLYING X OR	HOUR AX	MONTH DAY YEAR			ER NATURE OF INJURY IN ITEM		RT 2)	
RIFICATE VG THE VG THE SHOULD SHOULD PARTMET	MEDICAL	CONTRIBUTING CAUSE C		A. 5-4- 19 8	211 LOCATION	of auto	auto colli	sion.		
PIVI SOCE SOCE SOCE SOCE SOCE SOCE SOCE SOCE	WE	WHILE AT WORK	STREET, FAC	TORY, FARM, ETC.)	STREET	. Dl	CITY OR TOWN			STATE
#34745		AT WORK AT WORK	x roa	u	F-3.7	. Flora.	Park Rd.,	Prin	ice George'	
A PER PORTE		22a I certify that I took ch		[22	Autopsy A,	Inspection		and in my op	oinian MC	,
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		death resulted from: No	turol causes .	Accident X, Su	cide , Homi		determined manner	٦.		
WAY SEED ON THE SEED OF THE SE		ACTUAL SIGNATURE	W X	^		istant	EDICAL EXAMINER	DATE	5-5-85	
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TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STAMES.	230.B	URIAL, CREMATION, REMOVAL	236 DATE	23¢ NAME OF CEA	METERY OR CREMATO	ORY 23d	LOCATION ITY OR TOWN	COAL	NTY STATE	
07/84 BP	Bu	rial	May 8, 198	5 Resurrec	tion Cemet	ery (	Clinton, Ma	ryland	l	
DHMH - 17	24 F	NAME LEE F	uneral Hom	e, Inc.		25a. DATE REC'D.	BY REGISTRAR 256 RE	EGISTRAR'S S		reft.
(VR AT5 ME (663	BC	ld Alexander F	erry Road,	Clinton, M	aryland	1717 (1	7 0 1900			

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14	11086	1-	FOR STATE				EXAMINE		AND MENTAL H	1 1	TLI C	3 4	•		
			REGISTRAR CEASED NAM	E FIRST	MEL	MIDDLE	EVAMILIA	EK 3 C	AST		a. DATE KNOWN		DAY	YEAR	26 HOUR
	1		E OR PRINT)								OF ESTI-				28 11001
	3(5)	3 SEX		Alle Alle	Is, DATE OF BIRTH	Euge:	NO AGE (IN YEAR		ennett Der i yr. Tif under	24 HDC 2	C DATE	5	11 I	1985 YEAR	2d HOUR
	44000		ALE	BLACK	JAN 9,19	YEAR 149	LAST BIRTHDAY	Y) MONTH			RONOUNCED DEAD	5	11	1985	10:4 a
	FOR WITHIN PREST		RTHPLACE (S	TATE OR	76 CITIZEN OF WH	AT COUN	VTRY?	8 MARRI	D NEVER MARR	IEDXX 9	BALTIMORE CITY	OR COUN	ITY OF D	EATH	. 7
	7710	V	IRGINIA		U.S.A.			WIDOW	ED DIVORC	ED 🗆	Prince Ge	eorge'	s Co	unty	, MD
	A CONTRACTOR OF THE CONTRACTOR		ry or town		11. NAME OF HOSP	ILITY, GIVE S				FOR MC	AL OCCUPATION (1 DST OF WORKING LIFE)	TYPE OF WORK	OR	ND OF BUS INDUSTR' STRUC	Y
	BUNDA T	USUA	L RESIDENCE	(IF IN NURSING HOME C	OR OTHER INSTITUTION, GIVE	E RESIDENCE	E BEFORE ADMISSIO	N)				A	01	W.	
. 2120	RETAIN TO SHOULD SHOULD LEED BY		D.C.	TSL GOUN	TY	WASH	INGTON		YES X NO		29 28th S	T. S.E	77	77	7
E, MD	I-SOM	0.5	THER'S NAME	BENNETT	MIDDLE		LAST		VELMA	EN NAME	HOPSON		L	LAST	
WO	S S S S S S S S S S S S S S S S S S S		VAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURITY	NO.	17. INFORMANT		ADDRE	SS		-	
BALTIMOR	URS AFTER LEATER GRAPES B. GIVE PACES WITH FORWIT. PAGES 1 THE PAG		NO	JWN) (IF YES, GIVE	WAR OR DATES)	235	82 054	15	BARBARA BE	NNET	T SAME AS	13			
	JB. 0			OF DEATH (Enter on	ly ane cause per line t								API BETW	PROXIMATE I VEEN ONSET	INTERVAL AND DEATH
NO	TEM ONC ONC SIEN				TE CAUSE (o)	_			arachnoid	hemor	rnage				
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٧.	NINE NINE NINE NINE NINE NINE NINE NINE		gave ri	ise to immediate ) stating the under-	(b)	AS A COA	NSEQUENCE O						-		
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DIVISION OF VITAL RECORDS,	HOULD BE EXECUTED WITHIN 24 HOURS BY "PENDING" IN PENCIL IN ITEM IE MEDICAL EXAMINER ALONG IN USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.	109	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT REL	ATEO TO THE TERMIN	NAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 o			- 1		100
0	BE EXECTION OF THE PROPERTY AS A BUTH AN CREMATI	CERTIFICATION	-									11:3.5			
1 8	AL, AL,	CAI	190. DATE OF	POPERATION	196 CONDIT	ION FOR	WHICH OPERA	ATION W	AS PERFORMED?			Lenn.	20 A	UTOPSY?	
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0	ZAESA5		UNDERLYING	AL CAUSE WAS	21b. TIME OF HOUR A.M.		DAY YEAR	21c HC	W INJURY OCCURRE	D (ENTERN)	ATURE OF INJURY IN ITEM	18 PART I OR P.	ART 2)		
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-	RTIFIED BE		death result	and troop   Pighur	ral couses LX	10	L_I, Sufc	de 🗀.	Hamicide	Undetei	rmined manner	١,			
	MAN THE STATE OF T		ACTUAL SIGNATURE	VXH	gran )	//	met	A	Acting Ch	ri extern	CAL EVALUED	DATE	5/	/12/8	5
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	TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE. WRITING PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAI BALTIMORE, MARYLAND, 21201 PRICE		EXAMINER'S (TYPE OR PRI	NT)	Thomas D.	Smi	th, M.D	)	ADDRESS 111		St. Balt	to.MD.			
901	<b>A77549</b>	23a.Bl	URIAL, CREMA	TION, REMOVAL 2			NAME OF CEM			23d LOC	PTOWN	COL	UNTY	STA	TE
07/84	BP		REMOVAL		13MAY 85		EST LAW	IN GA	ROEN		TTLESBURG				Α
2.34	DHMH - 17	24 FL	UNEBAL DIREC	g f	GREEN	NE FU	NERAL PANKLIN ST	REET	ZSO. DATE	REC'D, BY	REGISTRAR 256 RE	GISTRAR'S	SIGNATU	JRE	
	(VR A15 ME (5))	11	erourte	evine	ACEX	CANDR	A VIRGIN	IN EL	MAY	IOE	45 Gollan	Davidson	- Han	طلالا	39-

X VACI, F ... E.A.

MANUFACTURE OF THE SERVICE OF THE SERVICE.

ACTA NOTATION PROCESSES

LITTLESBURG, LEST VIEWHAMA

142139	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  REG. NO.								
yy be age 3 death	1. DECEASED NAME FIRST (TYPE OR PRINT) LOU	ise MIDDLE		ennett		MONTH DAY YEAR 12/ 85	2b. HOUR 11:40a			
4 moy ter, peg	3. SEX	4 RACE Black	S. DATE C		6. AGE (IN YEARS LAST BIR	YRS.				
1 1 170	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY C	OR COUNTY OF DEATH	WD			
13	10 CITY OR TOWN OF DEATH  Riverdale	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR  Leland Memor	EET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	TON 126 KIND INDUSTR	of BUSINESS OR			
1	USUAL RESIDENCE (# NURSING HOME 130. STATE 136 CO Md. Pri	UNTY 13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS Jame	zip CODE Rd.	5737			
or with	14 FATHER'S NAME FIRST Henry	MIDDLE Hag	ins	15 MOTHER'S MAIDEN NA	MIDDLE		rson-			
Poges L	160 WAS DECEASED EVER IN U.S. (15 YES, NO OR UNKNOWN) (15 YES,	ARMED FORCES? 166 SOCIAL SE 245-46		Alice Simmon	s, 1103 W.	N.Y. Ave.,				
physical physical moved went, the	PART I. DEATH WAS CAU	anly ane cause per line far (a), (b), SED BY: IATE CAUSE (a)	and ici	rating	ane	APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH			
Sections of the section of the secti	Conditions, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF	Stroke						
by the condition of the	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF			33/	0			
o signi Ther of r to b fra		Sulvalua	O DEATH BUT	NOT RELATED TO THE TERM		NDITION GIVEN IN PART	1to			
he fow roo.  hos bee to permit ene prio	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS YES				
NG PHYSICIAN: The low requirattending physician.  offer this certificate has been signs the buriol-transit permit. They thank Mental Hygiere prior to backed or item 18 shows any injur	OR COLUMNIA CALLES OF	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART 2	7			
G PHYS offending fer this of sthe burnand Me	THE EITHER NOTHYMEDICAL EXAMI  21d INJURY OCCURRED  WHILE NOTWHILE ATWORK ATWORK ATWORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	E. FARM ETC )	211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE			
TTENDIN pital or TOR: Aft for use a of Health	saw the deceased alive	spital) attended the deceosed from an		nd that in (my) (aur) opinian	death occurred an the d	late and haur and fram t	, that (I) (we) los he causes stated			
the has the has at DIREC etoched te Dept.	226. SIGNATURE TO	a K-Shul	hos	DEGREE  PA ATTENDING PHYSICIAN [	MEDICAL STA	CE.	TE SIGNED			
O HOSPITAL O HOSPITAL TO FUNERAL Should be det with the State	22d. PHYSICIAN'S NAME (17) Gita Shah			14333 Laure	1 Bowie Rd.	Contract				
PP	230 BURIAL, CREMATION, REMOV			emetery or crematory awn Cemetery	23d LOCATION	n PInes N.				
DHMH - 16 50M 4/83 (VRA 15, 4)	24 ELINEDAL DIDECTOR	Gaines St. So.	Pines.	N.C. WAY 2	E REC'D. BY REGISTRAR	Pavidan Ron	ATURE			

STATE OF MARYLAND

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Southern Pines, M.C.	n (emetery	wo f book!	6-17-65	fsirul
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FOR STATE

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CE	RTI	FIC	ATE	OF	DEATH	

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	CEASED NAME	FIRST	AA II	DDL€	LA	ST	2a DATE OF DI	EATH MO	NTH (	DAY YEAR		
	OR PRINTI										26. HOU	R
		WILLIA	M HENRY	BLIZZA	RD			MA	Y_13	1985	9:30	)
3. SE)			RACE		5. DATE O	F BIRTH YEAR	6. AGE (IN YEAR		(Y)	IF UNDER TYEAR	IF UNDER	_
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- 5	B CAUSE OF DEATH	Enter only o	one cause per li							BETWEEN	XIMATE INTER	DEA
		IMMEDIATE C		Can	diac	arrest						
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DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transt permit. Then please remove carbangape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

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	[]		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.		
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	ноу	3.5	SEX	4 RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
	A Total		FEMALE	WHITE		H 27. 1931	54 y	RS	
	the Pool	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  S. CAROLINA	76 CITIZEN OF WHAT COUNTRY  U.S.A.	Y? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	PRINCE GEOF	NTY OF DEATH	4
10	s ofter de	<i>H</i> 10	CHEVERLY	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  PRINCE GEORGE	ING HOME OF	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE		F BUSINESS HOME
ND 2120	24 hours	5 Us	UAL RESIDENCE (IF NURSING HOME O I. STATE 136 COU P.	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	3d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C	CODE WEST HYW)	
MARYLA	d within	1	FATHER'S NAME FIRST THOMAS	MIDDLE LAST L. ATKINS		5 MOTHER'S MAIDEN NA	ME MIDDLE E	HADDOCK	
ii.	ecute G c	1 160	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SE	CURITY NO	17 INFORMANT	ADDRESS	IIADDOCI	207
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ST., BA	physic on pape emoval, event, th		PART I. DEATH WAS CAUST	nly one couse per line for (a), (b) CARDIO TE CAUSE (a)	PULMON	ARY ARREST		BETWENO	MATE INTERVAL DNSET AND DEA
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	requires en signe Then p or to bu	NO		conditions <u>contributing to</u>	O DEATH BUT N	OT RELATED TO THE TERM	ainal disease or condition	GIVEN IN PART 110	
AL RECO	an. has been to permit to permit perm	CEPTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED		FYES, WERE FINDIN ERTIFYING CAUSES YES	
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NIQ .	TENDING out of COR: After or use as the of Health of St.		220.   certify that (1) (this hasp sow the deceased alive of	italianded the deceased from	75,000		death accurred on the date and	hour and from the	that (I) (we)
	AL OR AI the hosp AL DIRECT Setoched for the Dept TI If Hem		22b. SIGN TURE	· Well the body after death.		EGREE ATTEND TO PHYSICIAN	MEDICAL STAFF	22c DATE S	
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	7 5 5 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	23,	BUDIAL CREMATION REMOVAL	122h DATE 122	NAME OF CE	METERY OR CREMATORY	Tast LOCATION		

23b. DATE

5-30-1985

RIVERDALE, Md. 20737

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE CEDAR HILL CEMETERY SUITLAND P.G.C. Md. 250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

126. KIND OF BUSINESS OR INDUSTRY

BETWEEN ONSET AND DEATH W

STATE

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230 BURIAL, CREMATION, REMOVAL

W. CHAMBERS CO.

BURIAL

24 FUNERAL DIRECTOR

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	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, BAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2	23a B	URIAL, CREMA					AME OF CE					CATION	OHUE	Jaict y	, ilu		=
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07/84 25M	BP																	
	DHMH - 17 (VR A15 ME (5))	F1	eck F	uner	1 H	ADDRES?	C. T.a	oandy	MA.	201	MAY	31	1985	الهرهان	aut door	-Nana	400	

oppose white co. P. 1892 92 Trinco Georgian County 10200 The spell Aroll Hook Large in the Large to Louis Louis Language Senmed All Commes durante maconibal alement. back grantes September doed Silver Suring, Monteguery, Md. and partition of their

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

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	5	- 1	3	4

	REGISTRAR				CERTIF	ICAIE OF DEATH	REG.	NO.		
	EASED NAME	FIRST		MIOOLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE	Ethe1	Mari	e Boyce				May 7.	1985		10:10
3. SEX		11011	4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST		IF UNDER I YEAR	
	nale		Cauc.		6-17	-1895	89_	_YRS.	MONTHS. DAYS	HOURS MIN.
	CTHPLACE (STATE OF F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	shington,	D.C.	U.S.A.		WIDOWE		Prince	George	e	MD.
	Y OR TOWN OF DEA	TH	(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE VEN NURS	T ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Secretary	T OF WORKING	LIFE) INDUSTRY	of BUSINESS OR rnment
USUA	L RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)					
	yland	Prin	ce Geo.	Adelp		134. INSIDE CITY LIMITS?	130. STREET ADDRESS	-Road	Rd.	(20783)
	vin Ford	,	MIDOLE	LAST		Edith "Kimpto			L	AST
	'AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17. INFORMANT				ood Pl.
r	no	-		579-58-	<del>179</del> 7	Bettie Fre	Std S	ilver	Sprin	ng. Md.
	18 CAUSE OF DEATH	1 (Enter an	ly ane cause per	line far (a) (b), a	nd (c).)	TTTTTT WITH	1		APPRO BETWEEN	XIMATE INTERVAL LONSET AND DEATH
	PART I. DEATH W		E CAUSE (o)	casolio	Pulve	Mary arr	785			
				R AS A CONSEQU	IENICE OF			100		100
	Conditions, if ony,	which	( ,, 0			cular infa	ret		12	Likers
	gave rise to imm cause (a), stotini	ediote	} (0)_			epocae (ve ita	101			1 1 1 1 1 1 1 1
	underlying couse		DUE TO, OI	AS A CONSEQU	DENCE OF	protic dis	£456			
	DART 2 OTHER SICK	IEIC ANIT C	(c)			NOT RELATED TO THE TERM		LIDITIO I C		
Z	PART 2. OTHER SIGN		sible	SEASI		NOT RECATED TO THE TERM	VINAL DISEASE OR CO	NDITION G	IVEN IN PART 1	(0)
ATION	19a DATE OF OPERAT	-				N WAS PERFORMED	20g AUTOPSY?	20b IF Y	S, WERE FIND	INGS LISED
FIC	The Date of Oremin		1,0. 00.10	no	. 0. 2	THE TEN OWNED		IN CERT	IFYING CAUSE	S OF DEATH?
ERTIFIC	21g. ACCIDENT WAS UND	FRIVING [	21b. TIME O	F IN ILIPY		21c. HOW INJURY OCCUR	YES NO		ES .	NO 🗌
0	OR CONTRIBUTING C			M. MONTH	AY YEAR	THE HOW INJOKT OCCOR	(ENTER NATURE OF IN	JUKY IN ILEW 18	PART TORPART 2)	
ICAL	(IF EITHER NOTIFY MEDIC				19					
MEDI	21d INJURY OCCURR		(AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	AT WORK AT WOR	K .						T. 11 115	2.6	
	22a I certify that (1)	-			12	- 30 - 19 81	, to	<u>n</u> –		that (1) (we) last
	saw the decease obove, (I) (we de	d afive an . id) (did_nat	) view the bady	after death.	, ar	d that in (my (our) opinion	death occurred on the	date and ha	ur and fram the	causes stated
	22b. SIGNATUR	IK.		- 100		DEGREE			22c. DATI	SIGNED
	En	100	mer	MP		ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	5-	7-85
	CHARLE		BEN	VER L	IP	22e. ADDRESS	HAM PSHIRE		SIWER	SPRING
23g. Bl	URIAL, CREMATION,		23b DATE			EMETERY OR CREMATORY	123d LOCATION			
15	Burial		5-11-			ncoln Cem.	Brentwe	ood	Pr. Geo	. Md.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FLINEAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral directs mount in the filled within 72 hours of the filled within 72 hours of the filled within 72 hours of the filled by the filled within 72 hours of the filled by the filled within 72 hours of the filled by the filled within 72 hours of the filled by the filled within 72 hours of the filled by the filled within 72 hours of the filled by the filled within 72 hours of the filled by the fill

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

24 FUNERAL DIRECTOR Nalley's

Mt. Rainier, Md. F.H. Inc.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURED AND THE PROPERTY OF THE PROPERTY OF

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E.JOSEPHILE CREEKE, N.O. 2011 - EDRUK AVE.N.V.

Bowie. MD 20715

Beall Funeral Home

(VRA 15, 4)

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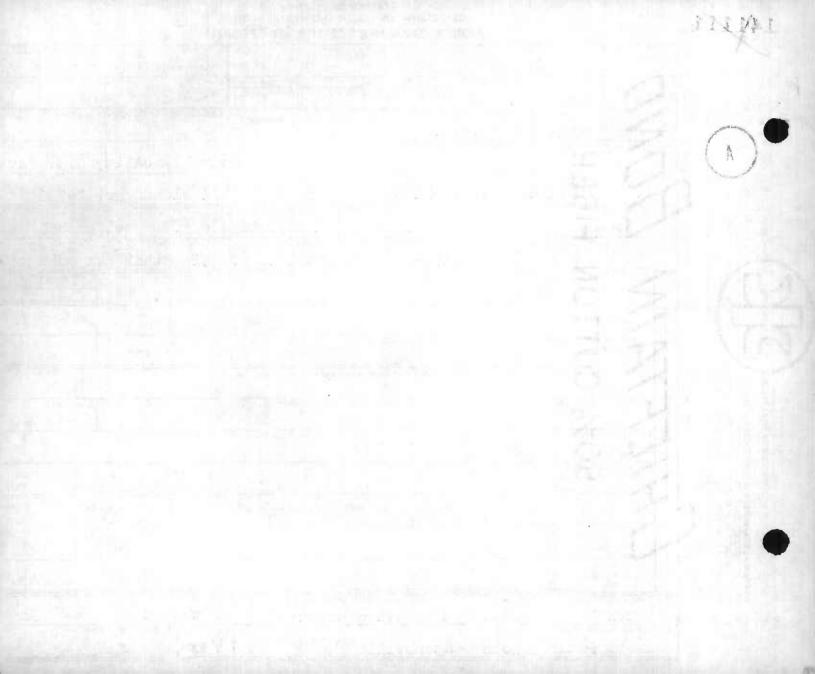
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1	41111		STATE REGISTRAR		٨		EXAMIN		2	3 -2	DEATH	REG. N	10.		
-			CEASED NAME	FIRST		MIDDLE			LAST		2a DA	E KNOWN	_	DAY YEAR	26 HOUR
	ES. ET,	(11)	E OR PRINT)	Thoma	as	Theodo	re	E	rant			TH MATED	5/	16/1985	M
1	PLEASE ECTOR. 2 FILES. HOURS STREET,	3. SEX		1. RACE	5. DATE OF BIR	AY YEAR	6 AGE (IN YE	EARS IF UN		FUNDER 24		ATE DUNCED	MONTH	DAY YEAR	Ba HOUR
	ON O	_	le	Cau.		9 52	33 <sub>Y</sub>	RS.	DAIS	NOOKS A	DE	AD	5/1	16/ 1985	AM
4	ESSARY, PLEASE RAL DIRECTOR. IR YOUR FILES. HILIN 72 STREET,	FO	RTHPLACE (SI.		76 CITIZEN OF		NTRY?	8 MARR	ED NEVE	R MARRIED		TIMORE CITY	OR COUNT	Y OF DEATH	Me III
	100		ennsy]			.S.A.		WIDOW		DIVORCED	1 5 4	ince Ge	orge's	Count	V, MD.
	(SHAP)	10. CI		COLO.		CH FACILITY, GIVE	STREET ADDRESS)				FOR MOST OF	CUPATION (TY WORKING LIFE)	PE OF WORK	OR INDUS	TRY
	100 mg/ 3	USUA	Cheve:		Prince  E OR OTHER INSTITUTION	Georg	e's Ge	neral	Hospi	tal	Post	al rac	TTT d	y U.S.	Gowt
10010	EATH. IF ANY ES 1, 2, AND 1 PM 3. RETA AND 2 SHOULD AND 2 SHOULD AND 2 SHOULD	13a. S [V		Prin			Lintor		T3d. INSIDE CITY YES X	LIMITS? 1:	30. SIREEJ AD 5201	Vienr	na Dr	. 2073	35
9	H. IF H. IF A. 3.	14 F/	THER'S NAME	146	MIDDLE		LAST		15 MOTHER	'S MAIDEN	NAME	MIDDLE		LAST	
9	DEATH. AGES 1, RM PM 1 AND 2 OFWITA		Thoma		0.		Brant			rici	a	Μ.		dentha	
	E ENGRA	16a. V {Y	VAS DECEASED ES, NOLOR UNKNOV NO	EVER IN U.S. A	RMED FORCES?		CIAL SECURIT		17 INFORMA			ADDRES		Charl	
	JRS AFTER B. GIVE PV WITH FOI PAGES DIVISION						4-44-6	1570	Patri	cla	M. He	identh	nal :	st Joh	
	: 5 m > L 0	17	PART I DE	DEATH (Enter of ATH WAS CAUS	anly one cause per SED BY:	line far (a), (b					79-20			BETWEEN ONS	TE INTERVAL ET AND DEATH
. 3	IN 124 HOUF IN ITEM 18. SIT PERMIT. HYGIENE, D	1	817	2 IMMEDI	ATE CAUSE (a)	OP AS A COL	Cr NSEQUENCE		cerebr	al In	jury				
	UTED WITHIN 24 HOL I'N PENCIL IN ITEM 11 EXAMINER ALONG RIAL - TRANSIT PERMI ON, OR REMOVAL.			s, if any, which	th	OK AS A CO.	NOE O O E N C E	OI .						050	
3	PENCI AMINE AMINE PENCI AMINE OR R		cause (a)	e ta immedia stating the <u>unde</u>	< ' ' -	OR AS A CO	NSEQUENCE	OF							
3	EXA P	10	lying caus	e last.	(e)										
90	EXECUTE NO.	z	PART 2 OTHER SIG	NIFICANT CONDITION	NS CONTRIBUTING TO DE	EATH BUT NOT REL	ATED TO THE TERM	MINAL DISEAS	E OR CONDITION G	GIVEN IN PART	1 (q)				
2	MED BE PEND AS	CERTIFICATION	19a. DATE OF	OPERATION	119b. COI	NDITION FOR	WHICH OPE	RATION W	'AS PERFORM	ED?				20 AUTOPS	(2
	R: THIS CERTIFICATE SHOULD INTERPRETATION OF THE WORD." PER DRIVING THE WORD." PER PAGE 3 SHOULD BE USED A RESTATE DEPARTMENT OF HEAD DO TO THE CHILD OF USED A RESTATE DEPARTMENT OF HEAD DO TO THE CHILD OF THE PER PAGE 3 SHOULD BE USED A RESTATE DEPARTMENT OF HEAD DO TO TO THE PER PAGE 3 SHOULD BURIAL, CI	IFIC												YES T	
2	MENT OF BE	CERT		L CAUSE WAS		E OF INJURY	. D.IV. VEI	21c HC	OW INJURY O	CCURRED	LENTER NATURE C	F INJURY IN ITEM 18	8 PART 1 OR PAR	4.5	140 🗓
	ANTA DOLLAR		UNDERLYING CONTRIBUTIN	LXLOR IG CAUSE O			16/98		orcvcl	ist	hit by	moving	vehic	rle	
3	PRINCE STATE	MEDICAL	21d. INJURY O	CCURRED	STREET	CE OF INJURY		211 LO	CATION			RIOWN	cou		STATE
7	HIS WRI	-	WHILE AT WORK	AT WORK	1 87	coadway		All	entown	Rd.	4.1.	estgate			
	EXAMINER: THIS CECETIFICATE, WRITED BE FORWARD LA DIRECTOR: PAGE 1, WITH THE STATE MARYLAND 2120]				rge af the remains	described ab	ave, held an	Autap	sy 🗓.	Inspection [	, Inqu	iry . o	ind in my opi	Geo.	Co.Md
	RTIFICATI D BE FOR D BE FOR RECTOR: VITH THE		death resulte	d fram: Nat	tural causes .	Accident	X, Su	uicide	, Hamicid	le .	Undetermined	manner .			
3	EXAMI CERTIF ULD BE DIREC WARYL		ACTUAL		1	1			TITLE (SPE	CIFY)			0.475	F /3 C	105
	SE S		SIGNATURE_		X	0	-	M	D. Assi	stant	_MEDICAL EX	AMINER	SIGNED	5/16	/85
	MEDIC CUTE 14 SE 4 SH FUNER ER DEA	gen.	EXAMINER'S I	NAME CYC	egory R.	Kauffm	an M	D		1	11 Peni	n St.			
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUI TO FUNERAL D. AFTER DEATH, V. BAUTIMORE, M.	73 g. B	TYPE OR PRIN	ION REMOVAL			NAME OF CE		ADDRESSR CREMATOR		23d. LOCATIO	N			
07/8		(5	Buria	1	5-20-8		randvi				Sou	thmont	COUNT	TY	Pa
25M			JNERAL DIRECT			RESS				a. DATE REC	C'D. BY REGIS	TRAR 756 REG		GNATURE	
	(VR A15 ME (5))	Ma	cNabb	Funera	l Home		nsvil	le	Md	MAY	117 4	985	la Davio	lon B.	A and :



FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH

		REGISTRAR					CERTIFICA	IL OI D	LAIN		REG. N	Ю.			
		EASED NAME	FIRST		MIDDLE		LAST			2a. DATE O	F DEATH	MONTH	DAY	YEAR	2b. HOUR
	(TYPE	OR PRINT)	ROY		E		BRECH	CONS				MAY	20	85	2:00am
	3. SEX			4 RACE			S. DATE OF BIR	TH		6. AGE 1IN	YEARS LAST BI	RIHDAY	MONTHS	DER I YEAR	
	MA	LE		CAUCA	SIAN		AUGUST	13,	1927			7 YRS.	MONTHS	DAYS	HOURS MINL
1		RTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COU	NTRY?	MARRIED X	NIEVED A	AARRIED 🗆	9. BALTIMO	ORE CITY	OR COUN	Y OF D	EATH	
	7	OUNTRY)	IA	USA			WIDOWED [		ORCED	PRIN	ICE GI	CORGE	5		MD
1	M CI	TY OR TOWN OF	DEATH		HOSPITAL, N		HOME OR OT	HER INST	ITUTION	12a USUAL				L KIND C	OF BUSINESS OR
8		MP SPRI		MALCOL	M GROW	HOS	PITAL			MILII		OI VI ORKING	CH C J H C	DOSIKI	
	USUA 13a. S	L RESIDENCE (#	NURSING HOME OR		13c CITY OF			INSIDE CI	TY LIMITS?	13e STREET	ADDRESS	/ ZIP CO	DE_	4	1444
2	V1	RGINIA	FAIR	FAX	ANNAN	IDA LE		s 🗍	NO X	7893	PATR	OT D	RIVE		22003
1	II. FA	THER'S NAME FIRST	,	AIDDLE	LA	ST	15 /		MAIDEN NA	ME	MIDDLE			LAS	ST
7	W]	LLIAM			BREC	KONS		AN						HAMP	'EY
2		AS DECEASED E		MED FORCES?	16b SOCIA	L SECUR	TY NO. 17.	NFORMA	NT		ADDR	ESS			
)	YE			-VIETNA	173-	20-8	398	SPOU	ISE SA	ME AS	#13				
		18 CAUSE OF D	EATH (Enter on	y one couse pe	er line for (o),	(b), and	ici.)						L	BETWEEN	ONSET AND DEATH
		PART I. DEAT	H WAS CAUSEI	DBY: E CAUSE (0)_	RESP	IRAT	ORY AR	REST							
			***************************************		OR AS A CON	ISEQUEN	ICE OF								
		Conditions, if	ony, which	(b)	META	STAT	IC COL	ON CA	NCER						
		gove rise to		DUETO	OR AS A CON	ISECULEN	ICE OF								
			ouse lost.	(6)	DR AS A CON	SEOULI	ICE OI								
		PART 2 OTHER	SIGNIFICANTO		ONTRIBUTIN	IG TO DE	ATH BUT NOT	RELATED	TO THE TERM	INAL DISEA	SE OR COM	IDITION G	IVEN IN	PART 1	a
	20														
1	AT	19a DATE OF OP	ERATION	196 CON	DITION FOR V	WHICH C	PERATION W.	AS PERFO	RMED	20a AUT	OPSY?				NGS USED
7	CERTIFICATION									YES 🗍	NO		YES	CAUSES	OF DEATH?
3	CE	21a ACCIDENT WA	S UNDERLYING		OF INJURY			HOW IN	JURY OCCURE	RED (ENTERN	ATURE OF INJ	JRY IN ITEM II	B PART I O	R PART 2)	
1		OR CONTRIBUTING	CAUSE OF DEA	181	A.M. MONT P.M.	H DAY	YEAR								
	MEDICAL	21d INJURY OC		_	E OF INJURY			LOCATIO	N						
	ME	WHILE NO	T WHILE	(AT HOME, S	TREET, FACTORY	OFFICE, FAR	M, E1C )	STRFET			CITY OR T	NWC	C	OUNTY	STATE
		22a.1 certify the		ol) ottended i	the deceased	from	11 than	7	10 85	10 0	20 r	hely	19	15	that (I) (we) last
		saw the de	ceosed alive on	19 1	May	_19_5	S_, and the	ot in (my)	(our) opinion	death occurr	ed on the	dote/and h	our ond	from the	
		obove, (I) (v	ve) (did) (did no	) view the bod	ly ofter death.		DEG	REE					17	22c. DATE	SIGNED
		0	Mm 7	811	len			A	TTENDING PHYSICIAN [	MEDICAL	ST/			20 2	nay 85
1		EL PHYSICIAN	S NAME (TYPE	(PENE)	- 1		22e		S MALCO			-	)TCA		
1		Јон	N F GIL	LIS						WS AFB					WILL.
+	23a B	URIAL, CREMATI		23b DATE		23c N/	ME OF CEME	TERY OR C		23d LOC	ATION	2000			
1		SPECIFY!		5/22/	85	AR'	LINGTON	NAT	TONAT.	ARL	INGTO	N	COU	NTY	VIRGINI

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA

25s. DATE REC'D. BY REGISTRAR 75s. REGISTRAR'S SIGNATURE

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AV the Younger

ENTER A CARROLL CONTRACTOR OF THE SECOND SEC

FOR - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE CERTIFICATE OF DEATH

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1	5		4	d

Givia Davidson Pandale

								REG. 140.			
	ECEASED NAME	FIRST		MIDDLE	i.	ASI	20. DATE OF	DEATH MONTH	DAY YEAR	2b. HO	UR
1.	PE OR PRINT!	Franc	is	P.	Bri	gham		5.	29.148	5 11.3	50 PM
3. S	EX		4 RACE		5. DATE O		6 AGE (INYE	EARS LAST BIRTHDAY	IF UNDER 1 Y		R 24 HRS
L	Male	-0.0	W	hite	09	29 1916	68		RS.	HOURS	MIN.
	BIRTHPLACE (STATE	OR FOREIGN		F WHAT COU	(TDVA A	-, -,-0	A DALTIMO	RE CITY OR COU			
l.,	COUNTRY	D 0	77. 0			NEVER MARRIED	Δ.	e George			
	ashington		U.S.		WIDOWE	DIVORCED PROTHER INSTITUTION		OCCUPATION		D OF BUSIN	MD.
4		ZEAIII)	(IF NOT IN S	UCH FACILITY, GIV	E STREET ADDRESS)		(TYPE OF WORK	FOR MOST OF WORKI			
	Cheverly					ral Hospita	Never	Worked	No	ne	
13a	UAL RESIDENCE (# N . STATE	13b COUP		13c. CITY O		13d. INSIDE CITY LIMITS	S? 13e.STREET A	ADDRESS / ZIP C	CODE		
M	aryland	P.	G.	Blader	nsburg	YES X NO	5207	Annapoli	is Road	2071	0
14.1	FATHER'S NAME		MIDDIE	LA	.51	15 MOTHER'S MAIDEN		MIDDLE		LAST	
4	Norma		0.		gham	Sarah		MIDDLE	Pe	ck	
160.	WAS DECEASED EV	ER IN U.S. AR	MED FORCES	16b. SOCIA	L SECURITY NO.	17 INFORMANT		ADDRESS			
	[YES, NO OR UNKNOWN]	(IF YES, GIV	E WAR OR DATES	1	7202 **	Halam T B		(2 - + )	C	- 12-	
-	No					Helen L. B	righam (	Sister	Same a		
	18 CAUSE OF DE PART I. DE ATH	ATH (Enter on	ly one couse p	er ge for tol.	(b), and (c).)	1. 10000	ent (cu	101	BETW	ROXIMATE INTI EEN ONSET AN	DEATH
			E CAUSE (o)_	Cery	wyas au	my week	24 ( C.	. ")			
			DUETO	OPAS CON	SHENCE OF		1 4				
	Conditions, if o	ny which	(	1340	and E	ado Carrel	ily.				
	gove rise to	immediate	(b).		4	_	4				
	underlying co		DUE TO,	OR AS A SAN	ISEQUENCEOF	Regussof	ater				
	3.5.0, 5		(c)_	1.11	/	1					
1 -	PART 2 OTHER S	IGNIFICANT (	CONDITIONS	CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DISEASE	ORCONDITION	GIVEN IN PART	lla	
CERTIFICATION											
13	190 DATE OF OPE	RATION	196 CON	DITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTO	PSY? 206 I	IF YES, WERE FIN ERTIFYING CAU	DINGS USE	ED
ΙĚ							YES	NOR	YES 🗍	NO I	
1 2	21a. ACCIDENT WAS	UNDERLYING	216 TIME	OF INJURY		21c HOW INJURY OC					
	OR CONTRIBUTING	CAUSE OF DEA			H DAY YEAR						
2	(IF EITHER NOTIFY M			P.M.	19						
MEDICAL	214 INJURY OCC			E OF INJURY	OFFICE FARM, ETC )	21f LOCATION STREET		CITY OR TOWN	COUNTY		STATE
1.	AT WORK AT	WHILE WORK				11.		_			
	22a I certify that	(1) (this hospi	tal) ottended	the deceased	from	4.91.198	5, to	5.27	19.85	, that (I)	(we) lost
	saw the dece	eosed olive on		3/29	19 85 on	d that in (my) (our) opin	nion deoth occurre	d on the date onc	d hour and from	the couses s	tated
	22b. SIGNATURE	e) (did) (did no	t) view the bo	dy ofter deoth.		DEGREE			22c D	ATE SIGNED	
	LEG. SIGNATORE	4000	C.			ATTENDIN	IG MEDICAL	STAFF			
	1	1 chan	an			PHYSICIA	N DIRECTOR	PHYSICIAN [	] Ma	y 30.1	1985
	22d. PHYSICIAN'S	NAME ITYPE C	OR PRINT			22e ADDRESS					
	Asif S.	Oadri	. M.D.			4713 Berwy	n Road -	College	Park.	Marvla	and
23n	BURIAL, CREMATIO				23c NAME OF C	EMETERY OR CREMATO				, , , , , , , , , , , , , , , , , , ,	
1.50	(SPECIFY) Bur		5/31	/85		incoln Ceme	C 1774	OR LOWEL	P.G.	Mary	Tand
-			3/31	7 05	TOTE L						-Land
74	FUNERAL DIRECTOR			AD	Dipess		DATE REC'D. BY R	GISTRAR 256 RE	GISTRAR'S SIGN	VATURE	
F	. Gasch's	Sons F	.H. P.	A. Hyat	tsville,	Maryland	JUN 5	1985 Fin	ia Davidson	Rando	00

DHMH - 16 50M 4/B3 (VRA 15, 4)

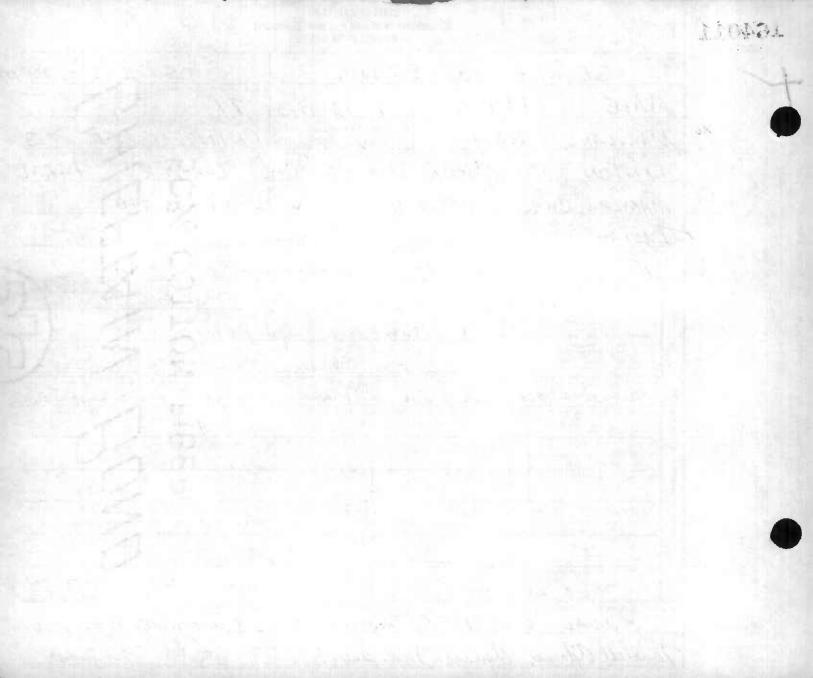
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164011	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENT OF HYGIENE CERTIFICATE OF DEATH REG. NO.								
1 2 5 8 8		CEASED NAME FIRST SEOR	GE W	BROW!	V	OSE (IN YEARS LAST BIRTHDAY)	29 85	6 HOUR 8:20RN FUNDER 24 HRS			
foge 4.1	1	MALE RTHPLACE (STATE OR FOREIGN )	BLA CK	MONTH	3 19/3	7/		HOURS MIN.			
	1	TY OR TOWN OF DEATH	USA	MARRIED WIDOWED D	DIVORCED	RINCE (	SEORE	355			
HW	C	LINTON	SOUTHER SUPERCILITY, GIVE	E STREET ADDRESSION	tospital"	E OF WORK FOR MOST OF WORKING	INDUSTRY	1ARM			
	130.	AL RESIDENCE (IF NURSING HOME OF TATE NAKYLAND) CH	AS. MAL	COLM YES [	NO DE Z	T. # BOX	240				
omplie Cond	1	ASIAH		OWN I	SABELL	WIGDTE	Sco	77			
be exected and a second control of the secon		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN)   1 IF YES, GIV	VE WAR OR DATES!	12-3375 EL	ENORA M	AKLE S	SAA	ATE INTERVAL SET AND DEATH			
ow requires that the death certificate the signed by the attending physicimit. Then please remove carbon page prior to burial, cremation, or removal.	TION	PART 2. OTHER SIGNIFICANT (  CONDITION OF OPERATION  CONDITION OF OPERATION  COURT OF OPERATION  19a DATE OF OPERATION	DUE TO, OR AS A CON  DUE TO, OR AS A CON  (c) Accordance  CONDITIONS CONTRIBUTING  CONTRIBUTIONS  CONTRIBUTIONS	erdio-pul seouence of seouence of loon C	shesse vasc	a AUTOPSY? 20b. IF	uluce	pelausy			
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BP		SPECIFY BURIAL  INERAL DIRECTOR	6-H-1985	ST. THOMAS	CH. CEM	BRANDYWIN  D. BY REGISTRAR 256. REG	E, P.G.	MD.			
(VRA 15, 4)	1	Nartell Udam	s. Ugunes	- Md. 200	08 JUN 7	1985 Tolla	Davidson-Ran	dell			



(VRA 15, 4)

Hardesty Funeral Home

STATE OF MARYLAND



"in day ion pandell

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

(VRA 15, 4)

MERCE SELECTION SELECTION SELECTION SERVICES Car Carried Haller Charles Const. A THE SECTION AND THE SECTION To the last

144127	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 4 6  CERTIFICATE OF DEATH  REG. NO.								
oy be death		CEASED NAME FIRST OR PRINT)		G.	Bi		2 . 2	0. DATE OF DEATH		6. 85	26. HOUR 4.10 PM
ge 4 mores ofter o	3. SE	emale	4. RACE Whit	e	S. DATE O	QAY	947	AGE (IN YEARS LAST )	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
neral dire		RTHPLACE (STATE OR FOREIGN COUNTRY) Shington, D.		WHAT COUNTRY	? 8.	NEVER MAI	RRIED .	BALTIMORE CITY Prince	OR COUNT		MD.
s offer d	Cr	ry or town of DEATH	11. NAME OF F	HOSPITAL, NURSI H FACILITY, GIVE STREE George	NG HOME O	R OTHER INSTITU	(	2a USUAL OCCUPA	TION	12b. KIND C	OF BUSINESS OR
AND 212 AND 212 And the in hould be	13a. S Ma	ryland Pri	Deorges	13c. CITY OR TOV	RE ADMISSION)				gue S	street	743
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DHMH - 16 50M 4/B2 (VRA 15, 4)	5	was Simel	ser :	Pocomol	ce Cit	y, Md	AV 22	1000 A.C.	Kanda	A Handel	L =

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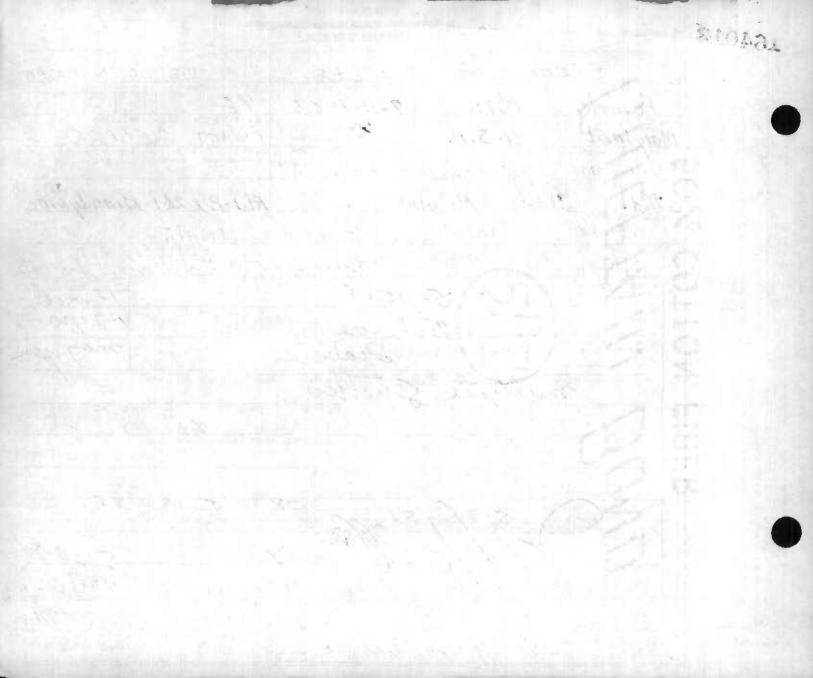
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	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGISNE CERTIFICATE OF DEATH

164012	1.	FOR STATE REGISTRAR	DEPARTME	STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	JENE   5	1 4 7
a moy be or. page 3 ther death		CEASED NAME OR PRINTS SARAH		BUTLER DATE OF BIRTH MONTH DAY YEAR	20 DATE OF DEATH  6. AGE (IN YEARS LAST BIRT	MONTH DAY YEAR 26. HOUR  S 30 85 4:00Am -  HDAY)   FUNDER 1 YEAR   FUNDER 23 HRS.  MONTHS   DAYS   HOURS   MIN.
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ite be exectivities on and copers. Pages of the state of	16a V	(AS DECEASED EVER IN U.S. ARMEI	577-09-	5089 Henry J. B	Butlet Brain	7. Boy 261 ndy wine, md 20613
e deoth certificat e ottending physis mave carbon pop notian, ar removal troumotic event, i		PART I, DEATH WAS CAUSED B IMMEDIATE C	- :501	0515 0'Com		1-week
that the		Conditions, if any, which gave rise to immediate cause at stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	Drabetes		may years
een signe int. Then p rior to bur ny injury.	ATION	PART 2. OTHER SIGNIFICANT CON-	DISCONTINUE TO DE	THOUSE THE TERM THOUSE THE TERM THOUSE THE TERM THE TOUR WAS PERFORMED.	TYPE AUTOPSY	IN IF YES, WERE FINDINGS USED
AN: The low shysicion. ficate has b transit perm il Hygiene pi	CERTIFICATION	THE ACCIDENT WAS UNDERLYING.	21b. TIME OF INJURY	716 HOW INJURY OCCURR	YES NOX	YES NO
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NDING P I ar offer R. After thuse as the fealth one	W	220 1 certify that (1) (this haspital)	ottended the deceased from	19.78	10 5 -	
AL OR ATTER the hospito the hospito detoched for the Dept. of H		sow the described olive on above, (1) (yethdid) (did not vill 22b SIGNATURE	ew the body after death.	ATTENDING .	MEDICAL STAF	te and hour and from the causes stoted  22c. DATE SIGNED FINAN
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT.	23a. E	22d PHYSICIAN'S NAME (TYPE OR D. HOWEL URIAL, CREMATION, REMOVAL TO	Em,D	Charles Pro	Pessional 1234 LOCATION	BLIG WALDORF, MD
BP		Buteal INERAL DIRECTOR	6/3/1985 St.	Peters Ch. am.	Wal dot	F Chas, Bother,
DHMH - 16 60M 7/84 (VRA 15, 4)	1	Nartell adan	2s - aguazor, Il	14.20608 JUI	V 7 1985	admid - handell



184046	1-	FOR STATE REGISTRAR		MED	ICAL EXAMIN	ER'S CERTIFIC	CATE OF DE	ATH REG	NO.	0	
24 50 55 F.		EASED NAME OR PRINT)	FIRST	STATE.	ease	Byrd		20. DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR 6 19 85	27HQ
E ST			RACE	Oct. 15,	YEAR LAST BIRTHDA	RS IF UNDER 1 YR.	IF UNDER 24 HRS. HOURS MIN	2c. DATE PRONOUNCED DEAD 9. BALTIMORE CIT		6 19 85	24 ноц 7:4 А.
S NECESSARY, E FUNERAL DIR E S FOR YOUN D. WITHIN 72	FO	STY OR TOWN OF	.c.	L. S. A	I .	MARRIED NEV	DIVORCED		George		- 191
DELAY 3 TO TH IN PAG RDS, 20	Fa	airmont I	leights	712 -	604 Place RESIDENCE BEFORE ADMISSION		HOU	MOST OF WORKING LIFE)		OR INDUSTR	RY
2, AND 3, RETA 3, RETA 3, RETA 1, SHOUL	_	TATE  TYLANG  THER'S NAME	Prince		Fairmont H			12 - 60	Place	2014	3
TER DEATH. IF FORM PM 3. ES 1 AND 2.SI ON ON VITAL	láo V	HENBER VAS DECEASED E	VER IN U.S. ARM	ED FORCES?	ECORIGE 16b. SOCIAL SECURITY	412	RST ZZ/E	MIDDLE ADDR	CALM	LAST CCN	
JRS AFTER S. GIVE PA WITH FOR DIVISION	(Y	S, NO, OR UNKNOWN		r one couse per line f	577-32-6	988 GRAC	e Lashce	ey- SAME	45 #13	ABGUE	
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD. PENDING" IN PENCIL IN ITEM 18, 183 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DOT PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, gove rise couse (a) sta lying couse (	if ony, which to immediate ating the <u>under-</u> last.	CAUSE (a) ACT  DUE TO, OR A  (b)  DUE TO, OR A  (c)	THE MYOCATO	)F			Z S	BETWEEN ONSET	
UID BE EXE UID BE EXE PENDING FF MEDICA ED AS A BI HEALTH AI NL, CREMA	TION	19a. DATE OF OF		None					B	0.3	
SHOULD CHIEF CHIEF BE USED AT OF HE BURIAL	CERTIFICATION	None			ON FOR WHICH OPER.					20 AUTOPSY?	NO 🔯
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE PORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		ACTUAL SIGNATURE EXAMINER'S NA	hat I took charge from: Naturo	n S. Roger	Accident Sui	Autopsy , , , , cide , Homici TITLE (SF	puty MED 1919 Sem	Inquiry X, remined manner  CICAL EXAMINER  inary Roa  pring, Mo		5/16/	85
Bb————————————————————————————————————				5/20/85	236 NAME OF CEN	NETERY OR CREMATO	ARK L	OCATION ORTOWN ANDOVER	P. G.	No. ST	ATE
DHMH - 17 (VR A15 ME (5))		INERAL DIRECTO		SONS 49	25 BURROUS	HS AVE. N. C	MAY 2.2	REGISTRAR 111 F	la Sairdon	1 Jane	2

STATE OF MARYLAND

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injury, or other troumatic event, the

IMPORTANT: If hem 21 is marked ar Item 18 shows any

STATE OF MARYLAND

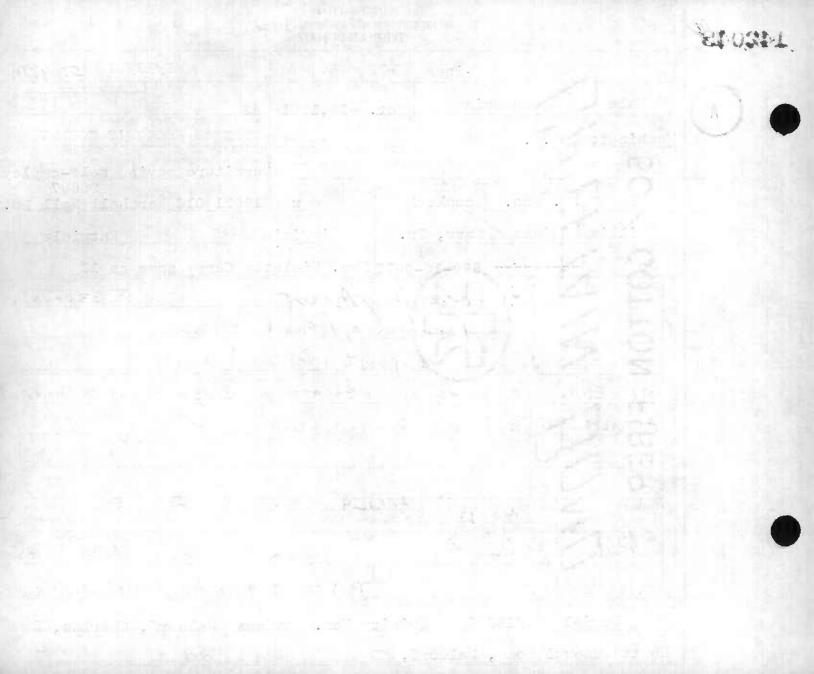
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	1 - STATE REGISTRAR	DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	DENE	REG. NO.	4 4	
1	I. DECEASED NAME FIRST	MIDDLE		LAST	2a DATE C	OF DEATH MONTH	DAY YEAR	26 HOUR
4	(TYPE OR PRINT)  JOHN	W.	CARNE	R	MAY	22ND.	1985	11:40Pm
	3. SEX	4. RACE	5. DATE O		6. AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	Male	White	Sept		56	YRS		HOURS MIN.
ı	Ta. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	B	D NEVER MARRIED	9 BALTIM	ORE CITY OR COUN		
1	Virginia	USA	WIDOWI	77.	PRIN	ICE GEORGE	'S COUNT	Y MD.
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION		L OCCUPATION ORK FOR MOST OF WORKING		OF BUSINESS OR
H	Laurel	GREATER LAUREL		SVILLE HOSPITA				
	13a STATE 13b COL	or other institution, give residence before inty 13c. CITY or tow ince George's Bel	N	134 INSIDE CITY LIMITS?	13e STREET	ADDRESS / ZIP CO	DDE ry Road	20705
0	14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	WIDDLE		sī
1	Samuel Thomas	Carner		Jessie Fuqu	ıa	H	uddlesto	n
٦	I (VES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		20705
	Yes WW	II 231-24-6	081	Patsy T. Kral	1 4811	Powder M		
		anly ane cause per line for (a), (b), an	d (c)	1 1.			BETWEEN	ONSET AND DEATH
		SED BY. Cardiac	- 700	uponade				
		DUE TO, OR AS A CONSEQUE		4				
	Canditions, if ony, which gave rise to immediate	( 1b) Sepse	2					
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCEPF	11.15 0 -				
		(c)	_ / _				0.000	
		CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEA	SE OR CONDITION	GIVEN IN PART 11	a
7	190. DATE OF OPERATION  5.2.85  5-12-85  210. ACCIDENT WAS UNDERLYING	Cardiae T		N WAS PERFORMED	YES [		YES, WERE FINDI RTIFYING CAUSES YES []	
)	210, ACCIDENT WAS UNDERLYING		YEAR	21c HOW INJURY OCCUR	RED (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF D	EAIH	19					
	THE EITHER NOTHY MEDICAL EXAMINE  210 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM FIC I	211 LOCATION		CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK							
		pital) attended the deceased fram_			, ta	. 22 -	19.85	that (I) (we) last
		nat) view the bady after death.		nd that in (my) (our) apinion (	death accur	red on the date and l		
	226 SIGNATURE	y		DEGREE MY ATTENDING PHYSICIAN C	MEDICAL	L STAFF R PHYSICIAN	5. 2.	SIGNED
	22d. PHYSICIA TO AME THE	Quanti,		22e ADDRESS 3450			OAD	
	M. YUSUF			LAURAL M.	0.20	707		
	23a. BURIAL, CREMATION, REMOVA	L 236. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOC	CATION	COUNTY	STATE
	Burial	May 25, 1985 M	ounta	in View Cemete	ery Vi	nton Roan	oke Vir	zinia.
	24 FUNERAL DIRECTOR	He	iten	111e Md 20/05	E REC'D. BY	REGISTRAR 256. REG	ISTRAR'S SIGNA	
	Donald V. Borgwa	ardt 4400 Powder M	ill K	NAY	271	205	Treidres Bo	ndago

DHMH - 16 50M 4/83 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTO

obot G. MASON 1661 Good Hope Rd. SE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE MAY 20 1935

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DIVISION OF VITAL RECORDS,

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH MONTH 2b. HOUR MIDDLE 1. DECEASED NAME FIRST (TYPE OR PRINT) L 29 1985 Robert Cassidy 2300pm May 4. RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3 SEX MONTH YEAR 09 1933 Male White Jan 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE | STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Prince Georges County DIVORCED WIDOWED 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR 40. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION FOOD SETVICE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Andrews AFB Hospital Andrews AFB USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 136. CITY OR TOWN 13b COUNTY Kent 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Delaware 2111 S. Carter Rd. YES XT NO  $\square$ 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST FIRST Willet Cassidy E. Mae John ADDRESS Dover, De.19901 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Elva G. Cassidy, 2111 S.Carter Rd 578-40-3002 1950-70 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b) and (c) PART I, DEATH WAS CAUSED BY Cardiores pieces only Failure IMMEDIATE CAUS Terrettinal Palagnarya Digeaderense Conditions, if any, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES | NO [ 216. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 11d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 29 ma char 22a I certify that (I) (this hospital) attended the deceased from hat (my) (our) opinion death occurred on the date and hour and from the couses stated sow the deceased alive on above, (1) (we) (did) (did not) view the body ofter droth 22b. SIGNA DEGREE 22c DATE SIGNED Gillis ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYS IAN'S NAME (TYPE OR PRINT) 77e ADDRESS 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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Burial 6-1-85

24 FUNERAL DIRECTOR

Odd Fellows Cemetery

Camden. Kent

Arriand Services County Prince George County

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FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUNE CERTIFICATE OF DEATH

REGISTRAR 20 DATE OF DEATH MONTH 2h HOUR DECEASED NAME ALIDDLE LITYPE OF PRINTS May 21, 1985 12:45p M Chin Woon Soo 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5 DATE OF BIRTH IF UNDER 1 YEAR 3 SEX A RACE Oriental November 30,1925 Female BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Prince George's United States DIVORCED [ Canton China WIDOWED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Cashier-Great Wall Restaurant (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Riverdale Leland Memorial Hospital USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE | 136 COUNTY | 13c. CITY OR TOWN 13a. STATE 13e STREET ADDRESS / ZIP CODE 20782 Pr.George 3509-Oliver Street Maryland Hvattsville YES X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Eng FIRST Kum Sum Woon Unknown 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? AL SOCIAL SECURITY NO (YES, NO OR UNKNOWN) Wah Kui Chin(Husband) Same as #13 -64-4480 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY whell IMMEDIATE CAUSE (D. AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 78h IF YES, WERE FINDINGS USED 19L CONDITION FOR WHICH OPERATION WAS PERFORMED 20s. AUTOPS17 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOTA 21h TIME OF INJURY THE HOW INJURY OCCURRED (SHIELD HATHE OF HADRY IN THE SHIELD OF PART 2 The ACCIDENT WAS ENDERLYING . [ HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF BEATH MEDICAL OF EITHER SIGNEY MEDICAL EXAMINERS TH LOCATION 214 INJURY OCCURRED Zie PLACE OF INJURY CITY DE TOWN COUNTY MATE MINDAY TIRET FACTORY OFFICE TARM STC I TWOM D NOT WHILE D 27s.1 certify that fill eceased from upinion death occurred on the date and hour and from the causes stated 77h SIGNATURE DEGREE 72: DATE SIGNED ATTENDING. MEDICAL STAFF X DIRECTOR PHYSICIAN 5-21-85 MPORTANT: 27st PHYSICIAN'S NAME YPE OR PRINT) 77e ADDRESS Jeffrey Kelman, M.D. 6525 Belcrest Road, Hyattsville, Md. 20782 23¢ NAME OF CEMETERY OR CREMATORY ON REMOVAL 23a, BURIAL, CREMA 23b. DATE (SPECIFY) May 26,1985 George Washington Cem. Adelphi, Prince George Co., MI Buria MEATERE D. BY REGISTE J. Wm. Lee's Sons Co. 300-4th St., Ne, Wash., DC2000

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

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REGISTRAR

Gasch's Sons F. H. P.A. Hyattsville, Maryland

Burial

24 FUNERAL DIRECTOR

May 21,1985 Md. Veteran Cemetery

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE a service francisco

Cheltenham

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& Assoc.; Inc.

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

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IF UNDER 1 YEAR

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR LAST 2n DATE OF DEATH I. DECEASED NAME MIDDLE CITYPE OR PRINTS ELLA 85 3 10AM J. CLENDENIN 7 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 06 16 1923 White Female To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE COUNTY West Virginia II.S.A. WIDOWED 10, CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CHEVERLY PRINCE GEORGE GENERAL HOSPITAL Homemaker Own Home SUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Se STREET ADDRESS / ZIP CODE 6220 Breezewood Court 20770 Greenbelt Maryland P.G. 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE H. Ruby McNeely Julius Joseph Lee 213 Wintergreen Lane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT LIE YES, GIVE WAR OR DATES! Betty J. Eyler (Daughter) Brunswick, Md. 21716 235-42-5198 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY PIDERMOID CA DE LUNGT DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [ NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d IN JURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM, ETC NOT WHILE 220.1 certify that (1) (the harmed attended the deceased from sow the deceosed olive on \_\_\_\_\_\_ obove, (I) (was (did) (did not) view and that in (my) per opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) Maryland Veterans 5/9/85 Chel tenham Burial Cem. Maryland TSO DATE REC'D. BY REGISTRAR Francis Gasch's Sons Funeral Home, P.A.

4730 Baltimore Avenue Hyattsville, Maryland 20781

DHMH - 16 60M 7/84 (VRA 15, 4)

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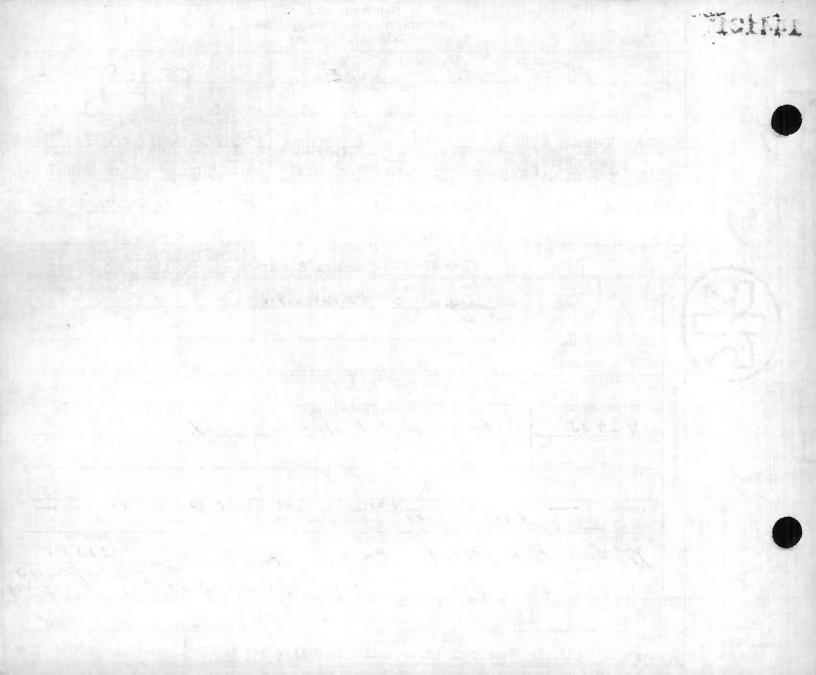
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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SITE BALTIMORE, MARYLAND, 2		TYPE OR PRINT				ADDRESS DOGF	all min Ci.	Carry Simils his
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STATE OF MARYLAND

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE REGISTRAR REG. NO L DECEASED NAME O DATE KNOWN LITTLE OF PRINT OF ESTI-DEATH MATED 0/0 IF UNDER 24 HRS DATE VEAR LAST BIRTHDAY) PRONOUNCED JHLH DEAD Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WEST VIRGINIA WIDOWED X DIVORCED IN CITY OR TOWN OF DEATH IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS MACHNES ACHINIST 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY NO 4. FATHER'S NAME JOSEPH DIVISION 16h. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO NONE APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR & A CONSEQUENCE Conditions, if ony, which gove rise to immediate cause (a) stating the underlying couse lost. USED AS A BUR OF HEALTH AND IRIAL, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (6 CERTIFICATION FICALE, WRITING THE WORK E FORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED A H THE STATE DEPARTMENT OF HEA H AND. 21201 RRIOR TO BURIAL, C 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES P NO . 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING ING CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: Py AFTER DEATH, WITH THE STARMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Inspection Autopsy ond in my apinian deoth resulted from: Natural causes Accident Hamicide \_\_\_ Undetermined manner THE (SPECIFY) SIGNATURE MEDICAL EXAMINER EXAMINER'S NAM (TYPE OR PRINT) 23d LOCATION BURIA 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR SIGNATU **DHMH - 17** (VR A15 ME (5))

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actori ROLLINS FUNERAL HOME, INC. 4331 HUNT PLACE, ILE.

VEEL 1000, D.C. 20019

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× ×	100 E 2 5	-				3/13	JAMES K.	CRAMEIR	LAU	REL, MD.
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	<b>₩</b> EBUE		death resulted fram: Nati	ural causes	Accident Su	icide	Hamicide	Indetermined manner	<b>□</b> .	
	WAR WAR	100		00	/.	)	TITLE (SPECIFY)			
	HOUSE T. N.		SIGNATURE C	5/	1000	AA F	1240	HEDICAL FRANCES	DATE	11512 1005
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	WE CONTRACTOR	1	EXAMPLES NAME							
	TO MEDICAL E EXECUTE THE C PAGE A SHOU TO FUNERAL E AFTER DEATH, BALTIMORE, M	-	TYPE OR PRINT			A	DDRESS			
	E M Y E A M	23a.B	JRIAL, CREMATION, REMOVAL	236 DATE	23c. NAME OF CE	METERY OR	CREMATORY 2	3d. LOCATION	COUN	ATY STATE
07/84	BP	,	CREMATION	5/4/85	BALTO 4	14511	( penatal)	110.001	DI	y ws.
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	DHMH - 17	1	NAME	ADDRES	S TOUT SHALL	y Sp.	MAY	9 1985	Davidson	n-fandale
	(VR A15 ME (5))	1-1	ECK F.H. IN	C. LA.	urel, mi	20	717	0 1000		

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AS HYGUNE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HY		5 ! EG. NO.	6 4	
		OR PRINT)	uard Gr	ay CRAV	VFORD	LAST	May 27	7, 1985	DAY YEAR	2b HOUR 10:37p
	3 SEX	x Male	4 RACE Caucas	ian	5. DATE O		6 AGE (IN YEARS		IF UNDER LYEAR	IF UNDER 24 HRS
2		RTHPLACE (STATE OR FORE COUNTRY) st Virginia	IGN 76 CITIZEN O	WHAT COUNTRY	8	D Never Married		George'		ty MD.
5	L	ITY OR TOWN OF DEATH anham	Doctor	Hospit	al of	Pr. Geo. Co.	Train M	UPATION MOST OF WORKING LIF <b>aster</b>	126. KIND O INDUSTRY Railr	oad
5	130 S Man	ryland P	COUNTY George s	130 CITY OR TOV		13d INSIDE CITY LIMITS?	12725 B	RESS / ZIP CODE uckingha		20715
1	Ų	Robert	WIDDIE	Crawfor		15 MOTHER'S MAIDEN NA FROT FROT FROT	e	DDLE	Hedri	
/		VAS DECEASED EVER IN I	J.S. ARMED FORCES? EYES GIVE WAR OR DATES)	235 - 28 - C		Mildred E. (	rawford	Bowie, I	MD 207	15
		18 CAUSE OF DEATH IE PART 1. DEATH WAS	nter only one cause pe CAUSED BY: MEDIATE CAUSE (a)_	Cardia Cardia	e d	arrest			BETWEEN	MATE INTERVAL DNSET AND DEATH
	2017	Conditions, if any, wi gove rise to immedi cause (a), stating underlying cause (	nich (1b)_ tote (b)_	OR AS A CONSEQUE	art	prioscles	osis diseg	and		
7	CERTIFICATION	PART 2 OTHER SIGNIFIE				NOT RELATED HE TERA	200 AUTOPSY	20b. IF YES	EN IN PART 10	IGS USED
7	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXTENDED OF THE PROPERTY OF THE PROP	E OF DEATH HOUR A	OF INJURY A.M. MONTH D P.M. OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE	OF INJURY IN ITEM 18 P	PART 1 OR PART 2)	
	MEI	WHILE NOT WHILE	[AT HOME, S	TREET FACTORY OFFICE.		STREET	to <	127	COUNTY	STATE that (I) (we) last
270. I certify that (I) (this hospital) attended the deceased from the date and hour and from the caused the deceased alive an above, (I) (we) (did) (did not) view the body after death.  272. DATE SIC DATE SIC PHYSICIAN DIRECTOR PHYSICIAN									causes stated	
		220. PHYSICIAN'S NAME	Dakha	rel, Mi	<u>}</u>	14300 Ga	Mont Fo.		Bowie	,20715
	Rei	BURIAL, CREMATION, REA (SPECIFY) MOVAL/BURIAL UNERAL DIRECTOR	June 1985	l, Gu	ulf Pi	nes Mem. Park	23d LOCATIO CITY OR TO Englew JE REC'D BY W.	ood,	COUNTY	Florida
	В	eall Funeral	Home -	Bowie		20715 NO. WA	48	المالانسار الم		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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		CEASED NAME	FIRST		MIDDLE	-51.	LAST	20.	OF EST		TH DAY	YEAR 26 HOUR
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Se com	3. SE	X 4. R	ACE 5.	DATE OF BIRTH	YEAR LAST BIR	N YEARS IF U	NDER TYR. IF UN	IDER 24 HRS 2c.	DATE	MONT		YEAR 2d HOUR
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JES AFTER DE JIS AFTER DE WITH FORM T. PAGES 1 A DIVISION OF	. (	YES, NO, OR UNKNOWN)	(IF YES, GIVE WA							Car	o.Hgts	.Md.
SS A GIN		no			unknow		Doroth	y Crawf	ord I	.421 F		
ATT.		18 CAUSE OF DE PART I DEATH	WAS CAUSED B	V.	far (a), (b), and (c).)						BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
NO A H			IMMEDIATE (	CAUSE (a) 51	notgun wo		head	Part High				
VITHIN 24 HOU ICIL IN ITEM 18 NER ALONG VANSIT PERMIT I'AL HYGIENE,	101			DUE TO, OR	AS A CONSEQUEN	CE OF						
WITHIN YOU I WANTHIN YOU I WANTHIN KANS	3 5 7	Conditions, if	any, which	(b)								
N PENC XAMIN AL-TR N, OR		cause (a) stati	ing the under-	DUE TO, OR	AS A CONSEQUEN	CE OF						
S EXERGE		lying cause la	51.	(c)								
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W. RITING THE WORD "PENDING" IN PEN RED TO THE CHIFE MEDICAL EXAMINE RE 3 SHOULD BE USED AS A BURIAL. TR. E DEPARTMENT OF HEALTH AND MENIT OI PRIOR TO BURIAL, CREMATION, OR		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CON	STRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL DISEA	E OR CONDITION GIVEN	IN PART 1 o				
ECORDI BE EXE ENDING MEDICA AS A BU SALTH AI CREMA	CERTIFICATION								1111			
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IS CERTIFIC RITING THE RDED TO SE 3 SHOUTE TE DEPART	ED	21d. INJURY OCCU		21e PLACE C	FINJURY (AT HOME DRY, FARM, ETC.)	21f. LC	CATION					
=>>000	2	AT WORK AT	WORK K		ome		12 Addiso	on Rd. Ch	napel (	Daks P	rince (	George's
RE TH					ribed obove, held o		V				1	MD
CAN THE CAN TH		death resulted fro			Accident .		Homicide		nquiry [],	ond in my	opinion	
EXAMI CERTIFIC DIRECT (, WITH		deom resulted fre	A	couses [_],	Accident L_J,	Suicide			ned monner			
CAL EXA THE CER SHOUID RAL DIR ATH, WI PRE, MAR		ACTUAL	MA	( )~7			TITLE (SPECIF)	and.		DA <sup>1</sup>	TF 5-/	1-85
ZERESE.	5	SIGNATURE	() W	XX	Y	^	I.D. ASSISTE	MEDICAL	EXAMINER	SIG	TE 5-4	1-02
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TO MEDICAL EXAM EXECUTE THE CRTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH	22- 6	(TYPE OR PRINT)				CEMEVERY	ADDRESS					
	230.6	SPECIFY) Buri	27	ay 11,8	5 Harmon			23d LOCAT	dover	C	YINUO YINUO	STATE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL NEGIENES
CERTIFICATE OF DEATH

		E OR BRIDGE	eva EVA		B.		RISP	REG. N 2a. DATE OF DEATH		DAY YEAR	26 HOUR 2 ∷ 10
1	3. SE	x	4 RA			5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
1		Female		White			17. 1897	88	YRS	MONTHS DAYS	HOURS MIN
10	A	IRTHPLACE   STATE OR FOREK COUNTRY) orth Carolin		U.S.A	VHAT COUNTRY?	8	D NEVER MARRIED	PRINCE GEO	OR COUNT		
90	1	ITY OR TOWN OF DEATH	PF	R. OF GEO	FACILITY CHESTAN	GORECAR	E CENTER	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LI	12h KIND O INDUSTRY Own	F BUSINESS O
33		AL RESIDENCE (IF NURSING F STATE 13b aryland	COUNTY P.G.	R INSTITUTION C	Bladens	_	13d INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS 4107 51st		E	4.4
1000	1	ATHER'S NAME FIRST  George	MIDDL Fra	nklin	Brock		15. MOTHER'S MAIDEN NAME FIRST			LAS	rock
medicol	16a '	WAS DECEASED EVER IN L		FORCES?	16h SOCIAL SECU 214-74-2	RITY NO.	17 INFORMANT Mrs. Wanda	ADDR	ESS 561	l Green	leaf Ro
\$ /		18 CAUSE OF DEATH IE	nter only on	ne cause per l			112.50				MATE INTERVAL
r, or ather traumotic eve		Canditions, if any, wh gove rise to immedic couse (a), stating underlying cause to	ate the ast.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		NOITION GIV	VEN IN PART I	
other	FICATION	Canditions, if any, wh gove rise to immedia couse (a), stating underlying cause le	wediate Ca	DUE TO, OR  (b)  DUE TO, OR  (c)  DITIONS CO	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		20b. IF YE	VEN IN PART 110	O SOLUSED
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or Item 18 shows ony injury, or other		Canditions, if any, wh gove rise to immedicate (a), stating underlying cause lot of the cause of	MEDIATE CA	DUE TO, OR  (b)  DUE TO, OR  (c)  DITIONS COI  19b. CONDIT  21b. TIME OF HOUR A.M  P.M  21e PLACE O (A1 HOME STREI	AS A CONSEQUE  AS A CONSEQUE  NTRIBUTING TO D  TO COMMITTED  INJURY  MONTH DA  INJURY  FINJURY  ET, FACTORY, OFFICE, FACTORY,	NCE OF  DEATH BUT  OPERATION  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION 51REET  19 44 that in (my) aur) appniance	200 AUTOPSY?  YES NO	20b. IF YE IN CERTIFY YE YE IN ITEM 18 I	S, WERE FINDIN FYING CAUSES ES PART 1 OR PART 2)  COUNTY	PGS USED OF DEATH? NO STATE
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f Hem 21 is morked or Hem 18 shows ony injury, or other	MEDICAL	Canditions, if any, wh gove rise to immedia couse (a), stating underlying cause la part 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 21d INJURY OCCURRED WHILE ALWORK ALWORK OF COUNTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 22a. I certify that (I) (this saw the deceased all above, (I) (we) (did) (22b. SIGNATURE	MEDIATE CA	DUE TO, OR  (b)  DUE TO, OR  (c)  DITIONS CO  19th CONDIT  21th TIME OF HOUR A.M  P.M  21e PLACE O (AT HOME STREE)  attended the	AS A CONSEQUE  AS A CONSEQUE  NTRIBUTING TO D  LE COL  INJURY  MONTH DA  INJURY  ET, FACTORY, OFFICE, FACTOR	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURE  21l LOCATION STREET  21l LOCATION STREET  ATTENDING PHYSICIAN  22c ADDRESS	INAL DISEASE OR CON  200 AUTOPSY?  YES NO ENTER NATURE OF INIL  CITY OR TO  death accurred an the d	20b IF YE IN CERTIF YE AND ITEM 18 If	S, WERE FINDING CAUSES  ES   COUNTY  19   27 and from the	STATE  that (1) (we) locauses stated  SIGNED

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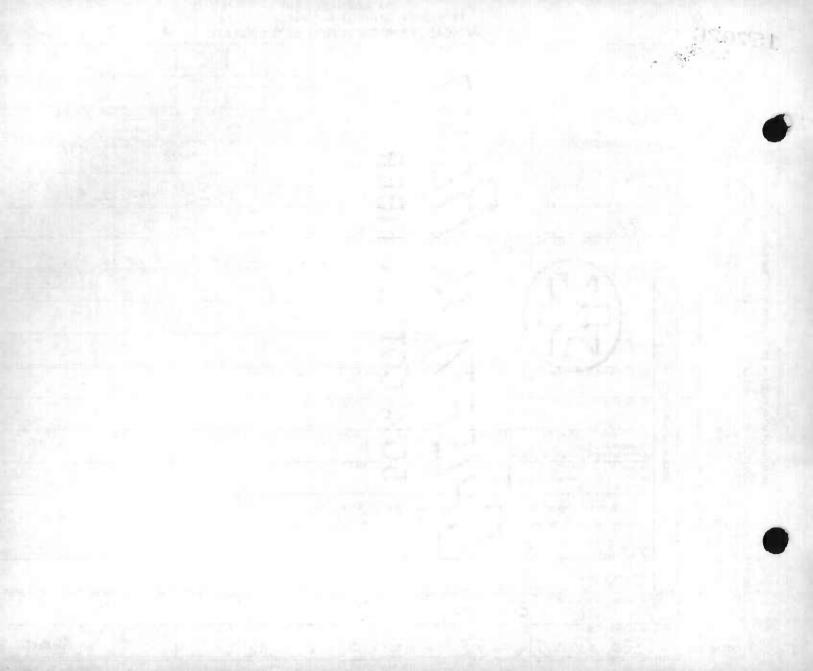
136052	1-	FOR STATE REGISTRAR	ME	DICAL EXAMINER	S CERTIFICATE OF		6 7
		CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOU
5 PARE	(14	PE OR PRINT)	MOTHY	LEWIS	CULVER	OF ESTI-	5-8-85 19
5355E	3. SE	4. RACE	5. DATE OF BIRTH		MONTHS DAYS HOURS	HRS. 2c. DATE	5-8-85 10 12 3
30000		lale Black		,1965 20RS.	MONTHS DATS HOURS	DEAD	7
SE S	7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	ARRIED   NEVER MARRIED	9. BALTIMORE CITY OR	
AN SERVICE		outh Carolin		SPITAL, NURSING HOME, OR	DOWED DIVORCED		orge's County MI
がまる音楽	A		(IF NOT IN SUCH F.	ACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
S S S S S S S S S S S S S S S S S S S			E OR OTHER INSTITUTION, G	George's Coun	Ly Hospital	Construction	n Worker
SCHAPE SE	1	STATE 131 COL		13c. CITY OR TOWN		3e. STREET ADDRESS	99999
DA T. 7.5.7		ATHER'S NAME	columbia	Washingto	15. MOTHER'S MAIDEN	NAME	treet N.F.
- E-30/2//	1	James	WIDDLE	Culver	France:	WIDDIE	Maroma
MORA STAND	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS	Myers
S AFTER DEA GIVE PAGES TITH FORM P PAGES ICEN	2	no	VE WAR OR DATES	578 96 37	04 Street.N	Culver-fathe E. Washingto	er-156/ 45th on. D.C.
3.83 €.0		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	ED DV	e far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON SI ITHIN 24 HO CIL IN ITEM I VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.			ATE CAUSE (a)	<u>fultiple stabw</u>	ounds		
IN 24 IN IEF		Canditions, if any, whi		R AS A CONSEQUENCE OF			
W. PREST WITHIN NCIL IN NINER A IRANSIT VIAL HY		gave rise to immedia cause (a) stating the unde	te (b)	AS A CONSEQUENCE OF			
DS, 201 W. PRESTON XECUTED WITHIN 24 I AC" IN PRINCIL IN ITE ALL EXAMINER ALON BURIAL - TRANSIT PER AND MENTAL HYGIE ATION, OR REMOVA	13	lying cause last.	2 00010,08	AS A CONSEQUENCE OF			A. /
ECORDS, 201  BE EXECUTE ENDING: IN WEDICAL EX AS A BURIAL ALTH AND M CREMATION.		PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL (	DISEASE OR CONDITION GIVEN IN PART	1 (0)	
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× 75 0# ;		190. DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED?		28 AUTOPSY?
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DIV RETITION REDEATED	M.	WHILE AT WORK AT WORK	KX STREET FOR	et ARM. ETC.)	5400 blk. Ker	nnilworth Ave.	Riverdale, Md. STATE
E TH TE, W REWA B PA S STA O, 21		220. I certify that I took cha		anibadabana balda a	utapsy X, Inspection		
EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: I, WITH THE S			tural causes ,	Accident . Suicide		Undetermined manner	in my apinian
EXAM CERTILID B DILD B DIREC		M	- A	(N	TITLE (SPECIFY)	ondetermined manner	
	,	SIGNATURE WOL	photo Wh	emell	MDAssistant	MEDICAL EXAMINER	SIGNED 5-8-85
EDICAL UTE THE 4 SHO JUNERAL ROBEATH MORE, I	2/	EXAMINER'S NAME M	rgarita A	. Korell, M.D.	111	Penn Street	
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	22.0	(TIPE OK PKINT)			ADDRESS		
99999	/30.E	URIAL, CREMATION, REMOVAL SPECIFY)	Sir conservation	23c. NAME OF CEMETE		23d. LOCATION CITY OR TOWN	COUNTY
25M / BY	24 F	UNERAL DIRECTO	Harmony	Memorial Pa			RAR'S SIGNATURE
(VR A15 ME (5))	S	tewart runer	al Home	4001 Bennin	Road NAS	1 4 1985	widen inall

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE ATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN X MONTH YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Julius John Davis 31/19 85 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD 31/19 85 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY SEORGIA WIDOWED | DIVORCED Prince George's County O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Temple Hills 2623 Southern Ave. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13e. STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? MATYLAN TEMPLE HILLS YES 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE IL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION NER: THIS CAN WATER OF THE WURLE IN FORWARDED TO THE CHIEF IN TOR: PAGE 3 SHOULD BE USED IN THE STATE DEPARTMENT OF HE ATHE STATE DEPARTMENT OF HE 19a DATE OF OPERATION USED, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 1 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion death resulted fram: Natural caus Accident Hamicide Undetermined manner SHOULD B TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME TYPE OR PRINT Gregory R. Kauffman, M.D. 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 23b. 23d LOCATION CITY OR TOWN 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



## STATE OF MARYLAND 151011 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH\_ I. DECEASED NAME TYPE OR PRINTS 4 RACE 5 DATE OF BIRTH IN YEARS LAST BIRTHDAY) IF UNDER LYFAR \$6 37 BLACK **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY! PRINCE GEORGES VIRGINIA U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SILVER SPRINGS WASHINGTON ADVENTIST NONE NONE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? P.G. ADELPHI 1500 KANAWAH ST. 20783 MARYLAND YES X NO [ M FATHER'S NAME 15. MOTHER'S MAIDEN NAME OLIVIA DAVIS SANFORD LUTHER DAVIS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 579-50-1748 NAOIMI DAVIS 1500 KANAWAH ST. NO. NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY TESSARATURY FAILURE CARIDO -IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF CERCEBRONASCUAR ACCIDENT Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause HYPOSLYCEMIA 3 RUTILLS M STIGHIG PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 2841328 FAILURE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO [ 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STATE AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOI WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter deoth 22¢ DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF FUNERA 27d PHYSICIAN'S NAME 22e ADDRESS ould b ROBERT J TANENBERG 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE CITY OF TOWN COUNTY 5/18/85 MARYLAND NATIONAL BURIAL

DHMH - 16 50M 4/83

(VRA 15, 4)

24. FUNERAL DIRECTOR

J.B. JENKINS F.H. 7474 LANDOVER RD LANDOVER

in Davidson-Mandale

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(VRA 15. 4)

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REGISTRAR

INDUSTRY [TYPE OF WORK FOR MOST OF WORKING LIFE] F-EMPLOYED PRIVATE 13e STREET ADDRESS / ZIP CODE 3653 13TH STREET PANENELL 6012 ROSEDALE DRIVE ROBERT E. YOUNGER, HYATTSVILLE, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY CITY OR TOWN STATE and that in (my) (aur) apinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN CITY OF TOWN COUNTY STATE 5/25/85 BURIAL MARYLAND NATIONAL LAUREL MD. P.G 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JENKINS FUNERAL HOME, WASHINGTON, D.C

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYBRENE

REG. NO

MONTH

26 HOUR

IF UNDER TYPE

20. DATE OF DEATH

CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W PRESTON ST. BALTIMORE, MARYLAND 21:20

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

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4	and the	CHEVERLY		PRIN	CE" GEOR	GETS GEN	ERAL HO		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Barber  126 KIND OF BUSINESS OR INDUSTRYPY.					
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27	-	18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CARDIN  VLMOVARY A RET 7  BETWEEN ONSET AND OF ATH												
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McGure Funcial Amer 7400 Goraf Are. NW. DCJUN 05 1985. July

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

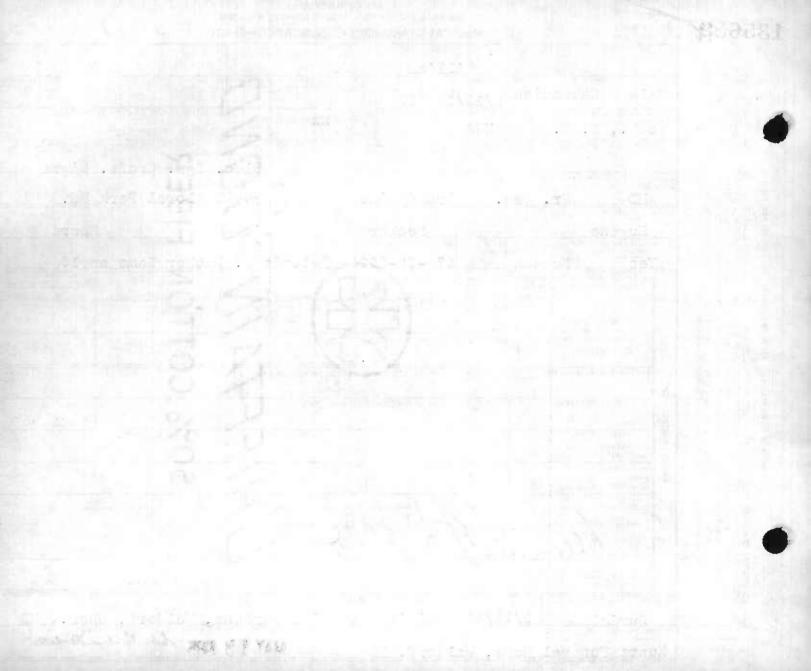
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TO FUNERAL DIRECTOR: After this certificate has been signeould be detached for use as the buriol-tronsit permit. The with the State Dept. of Health and Mental Hygiene prior to I

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	AD MAN	DIE!!	Clinton		Southe Souther Institution, C	rn Ma	ryland	Hosp	ital	Flec	Sgn.	Craft	Sign	ns	
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07.0		1300	SPECIFY)		5/11/85					CITY	ORTOWN	COU		STATE	
07/84 25M	BP	24. F	Buria UNERAL DIRECT	TOR	14-51-3		inity	mem		Garder DATE REC'D. B	Y REGISTRAR 25	REGISTRAR'S S	Chas.	, MD	
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24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

(VRA 15, 46633 Old Alexander Ferry Road, Clinton, Maryland

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HY, SJENE

REG. NO.

MONTH

09

IF UNDER I YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

YES [

250, DATE REC'D. BY REGISTRAR 266, REGISTRAR'S SIGNATURE

IN CERTIFYING CAUSES OF DEATH?

Farming

APPROXIMATE INTERVAL

STATE

STATE

25 HOUR

20. DATE OF DEATH

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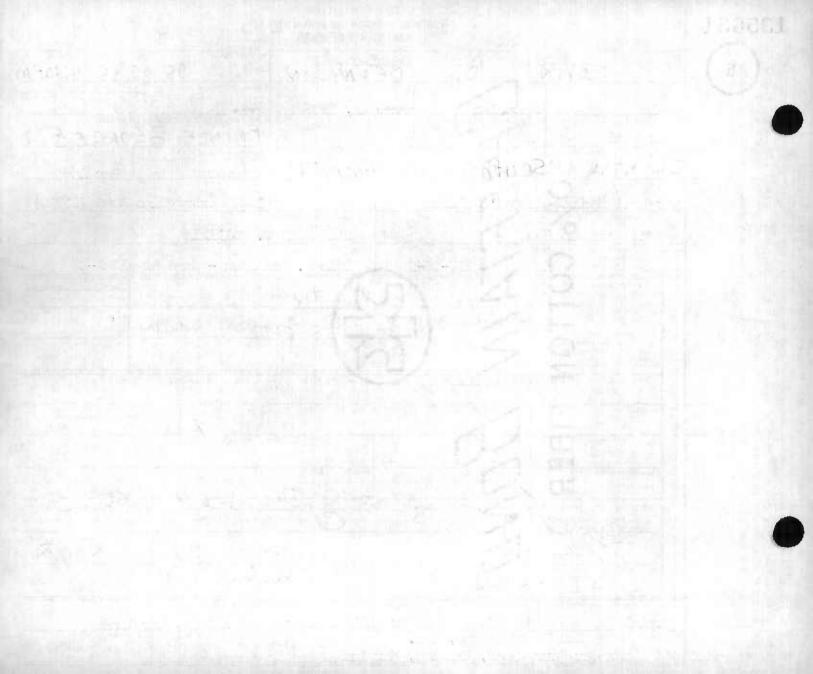
- STATE

REGISTRAR

I. DECEASED NAME

135631

DHMH - 16 60M 7/84





DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN P TYPE OR PRINT! ESTI-DEATH MATED Charles Dodson La 6 AGE (IN YEARS | IF UNDER 1 YR. 4. RACE SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHOAY) RONOUNCE Oct. 22,1905 Male White 79 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED S NEVER MARRIED U.S.A. Virginia WIDOWED DIVORCED Prince George's County 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS I CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Cige WIDE TRY Machine operator 5014 Apache Street Gollege Park Greenhelt 13e. STREET ADDRESS 13b. COUNTY 13d INSIDE CITY LIMITS? College Park 5014 Apache Street 20740 YES ST NO [ Maryland 15. MOTHER'S MAIDEN NAME Sarah 14. FATHER'S NAME MIDDLE Sisk Benjamin L. Dodson 17 INFORMANT 6g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS DIVISION (IF YES, GIVE WAR OR DATES) 219 10 2933 Mary E. Dodson Same as 13e No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 21b. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STINDARE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion Inquiry Notural couses Homicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL SECNASORE MEDICAL EXAMINER John S. Rogers, 1919 Seminary Road - Sil. Spg. Md. ADDRES 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 5/7/85 Fort Lincoln Cemetery Brentwood P.G. Maryland BP. 24 FUNERAL DIRECTOR 4739 Baltimore, Avenue **DHMH - 17** F. Gasch's Sons F.H. P.A. Hyattsville, Maryland (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

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John Street Stre

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL PGIENS
CERTIFICATE OF DEATH

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1	10 CITY OR TOWN OF DEATH  Lanham  USUAL RESIDENCE (IF NURSING HOME			Doctors	HOSPITAL, NURSIN	ares of			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  HOUSEWIFE					SSOR	
1	30 S	Maryland	13b COUP	VTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Temple	'N	YES -	CITY LIMITS?	5118	ADDRESS / :			20	748	
0	FA	THER'S NAME		WIDDLE	LAST		15 MOTHE	FIRST UNK		WIDDLE			LAST		
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		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	ily ane cause pe D BY: TE CAUSE (0)	line for rai, (b), and	- /,	uil	cif	ad	~		138	PPROXIM WEEN O	MATE INTER	VAL DEATH
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	7	220 I certify that (	sed alive an	1	19	85.0	nd that in (m	y) (00-) apıniar	death occur	ed an the date	e and ha	ur and fra		that (1) 🛧	
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2	3o. 8	SURIAL, CREMATION SPEC <b>Cremati</b>	, REMOVAL	23b, DATE 5-11-				remater remater		ATION YORTOWN Litland	P.	G. Ma			TATE

DHMH - 16 60M 7/84

George P. Kalas Funeral Home 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. Oxon Hill, Maryland (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAY 1 5 1085 Achia Naindan Pandere

James of the state repution 5-11-131 Centr Hill Same without N.C. buryland "correct Land Puncted Core 6150 Oren 111 6. Pren 111, wryland

STATE OF MARYLAND 158117 DEPARTMENT OF HEALTH AND MENTAL HYGRENE 45 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MONTH 26 HOUR ESSIE TYPE OR PRINTS 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER I YEAR March 13 1909 Female White 76 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA WIDOWED IS CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Home Housewife USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 136 COUNTY 13e STREET ADDRESS / ZIP CODE Street 13d INSIDE CATY LIMITS? Pr Geo Marlow Hqts Maryland NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Nicholson Milton Stella Hawkins Mortimer Bertha 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) Ada Turner Rt #8 Box 230 Roanoke Va. 578 05 1342 No IE CAUSE OF DEATH (Enter only one course per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO: OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate couse to stating the DUE TO: OR AS A CONSEQUENCE OF underlying come last. ONTINUTING TO DEATH BUT NO RELATED TO THE TERMINA DISEASE OR CO PART 7. OTHER SIGNIFIC ANT CONDITIONS WHICH OPERATION WAS PERFORMED AUSES OF DEATH? YES NO I 23a ACCIDENT WAS UNDERLYING THE TIME OF INJURY THE HOW INJURY OCCURRED STRIKE HAT LIKE OF HALLES OF HALLS OF PART I OR PART TO DE CONTRIBUTING CAUSE OF DEATH HOUR AM, MONTH DAY YEAR P.M. OF EITHER SICTIFF WEDICAL EXAMPLE. 110 211 LOCATION THE INJURY OCCURRED THE PLACE OF INJURY CITY DETOWN COUNTY state all HOME STREET EACTORS OFFICE FARM ETC.) NOT WHILE I 224.1 certify that III (this haspitel) attended death occurred by the date and hour and from the course ATTENDING MEDICAL STAFF

23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR ROBert E DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Wilhelm Euneral Home Suitland Maryland

24May1985

Fort Lincoln Cemetery Brentwood

Maryland

C BB ENCHEROLE POR CHENTER 

deoth

ENDING PHYSICIAN: The low or attending physician.

haspital

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY GENE 5

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- L	The state of									EDEATH	MONTH	DAY YEAR	26 HOUR
		EASED NAME	WINS	TON	MIDDLE L		DONALD	SON	20 DATE C	DEATH	5 1	L 85	
7	1.560		***************************************	4 RACE	11	5. DATE O		JOIN	4 ACE IN	YEARS LAST BIR		IF UNDER 1 YEA	T.
	3.56/			4 RACE		). DATE (	H DAY	YEAR	O. AGE TIN	TEARS LAST BIR	INDAT)	MONTHS DATE	HOURS MIN
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100	(	OUNTRY)				MARRIE	D X NEVER					ES COU	NTV
		shington,		U.S.A.   WIDOWED   DIVORCED					OCCUPATI			OF BUSINESS C	
/		LINTON N			THERN				(TYPE OF WO	RK FOR MOST O	F WORKING LIF	FE) INDUSTR	(
					DTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)					nduete	r	Rail	road
5	13e. S	Md.	Pr.	Geo.	Ft. Wa		13d. INSIDE C	NO 🗌	13e STREET 7913	Princ	ZIP CODE	rges I	r. 2074
	14 FA	THER'S NAME		WIDDIE	LAST		15. MOTHER	S MAIDEN NA	ΜE	WIDDLE			AST
20		Willia			Denaldso			Maude		I.		Clar	ke
		AS DECEASED EVER		RMED FORCES? VE WAR OR DATES)			17 INFORMA			ADDRE			
		No			577-09	<b>-4756</b>	Mary	A. Den	aldso	n as	s in i	tem 13	
		18 CAUSE OF DEAT	H Enter of	nly one couse po	per line for (o), (b),	, ond te	/		-//			BETWEE	NONSET AND DEAT
						11 20	MILLO TO	1 /M9	Uh Lee	11			7 Dans
			IMMEDIA	TE CAUSE (o)_	-	1	- Cours	7	110	7	_		7 60-71
					OR AS A CONSEC	QUENCE OF	1	1	10	0			341
		Conditions, if any	, which		OR AS A CONSEC	QUENCE OF	Por Bu	lnone	La	0			BWLs.
		Conditions, if any gove rise to im couse (o), state underlying coust	, which mediate ng the	DUE TO, (b)_	OR AS A CONSEC	(	Son Bu	lmons	le .	L.A.	D. 1	ے ا	Buks.
		gove rise to im couse (a), stati underlying couse	r, which mediate ng the e lost.	DUE TO, (b)_ DUE TO, (c)_	OR AS A CONSEC	OUENCE OF	So Bu	l mons	may	fits	ກະ		Buks.
	NOI	gove rise to im couse (a), stati	r, which mediate ng the e lost.	DUE TO, (b)_ DUE TO, (c)_		OUENCE OF	Sor Bu nonic NOT RELATED	l mon s	May INAL DISEA	f the	から DITION GIV	2 VEN IN PART	- 1
7	CATION	gove rise to im couse (a), stati underlying couse	which mediate ng the last.	DUE TO,  (b)  DUE TO,  (c)  CONDITIONS	OR AS A CONSEC	OUENCE OF	itu		MAL DISEA		20b. IF YES	VEN IN PART	HNGS USED
2	RTIFICATION	gove rise to im couse (o), stoti underlying couse PART 2 OTHER SIG	which mediate ng the e lost.	DUE TO, (b) DUE TO, (c) CONDITIONS	OR AS A CONSECUTION OF THE CONTRIBUTING TO LABORITHM OF THE CONTRIBUTION FOR WHI	OUENCE OF	N WAS PERFO	DRMED	YES 🗌	OPSY?	20b. IF YES	VEN IN PART  S, WERE FIND FYING CAUSE ES	lio
29	CERTIFICATION	gove rise to im couse (o), stori underlying couse PART 2 OTHER SIG	which mediate ng the e lost.  NIFICANT	DUE TO, (b) DUE TO, (c) CONDITIONS (196, CON)	OR AS A CONSEC	OUENCE OF	N WAS PERFO		YES 🗌	OPSY?	20b. IF YES	VEN IN PART  S, WERE FIND FYING CAUSE ES	INGS USED
29		gove rise to im COUSE (0), Stoft Underlying COUSE PART 2 OTHER SIG  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MED	which mediate ng the lost.  NIFICANT	DUE TO,  (b)  DUE TO,  (c)  CONDITIONS (1)  19b. CON  ATH HOUR	OR AS A CONSECTION OF INJURY A.M. MONTH	OUENCE OF	DN WAS PERFO	DRMED	YES 🗌	OPSY?	20b. IF YES	VEN IN PART  S, WERE FIND FYING CAUSE ES	INGS USED
27		gove rise to im couse (0), stoti underlying couse PART 2 OTHER SIG 190 DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d INJURY OCCUR	which mediate ng the last.  NIFICANT TION  TION  CAUSE OF DE IICAL EXAMINE IRED	DUE TO, (b) DUE TO, (c) CONDITIONS (196. CON 196. CON 196	CONTRIBUTING TO LOCAL TO SERVICE OF INJURY A.M. MONTH	OUENCE OF	N WAS PERFO	DRMED  JURY OCCURF	YES 🗌	OPSY?	20b. IF YES IN CERTIF YE	VEN IN PART  S, WERE FIND FYING CAUSE ES	INGS USED
29	MEDICAL CERTIFICATION	gove rise to im couse (0), stoti underlying couse 190 DATE OF OPERA 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d INJURY OCCUR AT WORK NOTIFY MED AT WORK NOTIFY MED 190 DATE OF THE NOTIFY MED 21d INJURY OCCUR AT WORK NOTIFY MED 21d INJURY NOTIFY MED	which mediate and the lost of	DUE TO, (b) DUE TO, (c) CONDITIONS (19b. CON HOUR ATH HOUR ATH HOME STATEMENT (ATHOME STATEMENT)	OR AS A CONSECTION OF INJURY A.M. MONTH P.M. STREET, FACTORY, OFFI	OUENCE OF	21c. HOW IN	DRMED  JURY OCCURF	YES 🗌	OPSY?	20b. IF YES IN CERTIF YE	S, WERE FIND FYING CAUSE SS  PART   OR PART 2)	INGS USED S OF DEATH?
29		gove rise to im couse (0), stori underlying couse (1), stori underlying couse (1), stori underlying couse (1), stori underlying couse (1), stori underlying (1), according to the contribution (1), stori underlying (1), st	which mediate ng the lost.  NIFICANT I  TION  TION  CAUSE OF DE IICAL EXAMINE I  RED  HIRE	DUE TO,  (b)  DUE TO,  (c)  CONDITIONS  19b. CON  21b. TIME HOUR  R)  21e PLACI (AT HOME S	OR AS A CONSECTION OF INJURY A.M. MONTH P.M. STREET, FACTORY, OFFII the deceosed from	OUENCE OF	21c HOW IN	DRMED  JURY OCCURR	YES TED LENTERN	OPSY?  NOW NATURE OF INJULY  CITY OR TO	20b. IF YES IN CERTIF YE RY IN ITEM 18 F	S, WERE FIND FYING CAUSE SS   PART   OR PART   2)  COUNTY	IIIO IIINGS USED IS OF DEATH? NO STATE
29		gove rise to im couse (0), stoti underlying couse 190 ATE OF OPERA 190 DATE	which mediate ng the last.  NIFICANT TION  TION  TOOL	DUE TO,  (b)  DUE TO,  (c)  CONDITIONS (1)  196. CON  216. TIME HOUR (AT HOME (1)  (itol) ottended (1)	CONTRIBUTING TO LOCATION FOR WHILE OF INJURY A.M. MONTH P.M.  TE OF INJURY STREET, FACTORY, OFFIN  The deceosed from	OUENCE OF	21c. HOW IN 21f LOCATK STREET	DRMED  JURY OCCURF	YES TED LENTERN	OPSY?  NOW NATURE OF INJULY  CITY OR TO	20b. IF YES IN CERTIF YE RY IN ITEM 18 F	S, WERE FIND FYING CAUSE SS  PART I OR PART 2)  COUNTY	INGS USED SOF DEATH? NO STATE , that (I) (we) II e couses stated
29		gove rise to im couse (0), stoti underlying couse (1). Stoti underlying couse (1) and the couse (1) an	which mediate ng the last.  NIFICANT TION  TION  TOOL	DUE TO,  (b)  DUE TO,  (c)  CONDITIONS (1)  196. CON  216. TIME HOUR (AT HOME (1)  (itol) ottended (1)	CONTRIBUTING TO LOCATION FOR WHILE OF INJURY A.M. MONTH P.M.  TE OF INJURY STREET, FACTORY, OFFIN  The deceosed from	OUENCE OF	21c. HOW IN  21f. LOCATION STREET  DEGREE	DRMED  JURY OCCURR	YES TENTERN TO THE TENTERN THE TENTERN TO THE TENTE	OPSY? NOTO  LATURE OF INJUIL  CITY OR TO:  May  ed on the do	20b. IF YES IN CERTIFY YES	S, WERE FIND FYING CAUSE SS  PART I OR PART 2)  COUNTY	INGS USED SOF DEATH?
29		gove rise to im couse (0), stoti underlying couse 190 ATE OF OPERA 190 DATE	which mediate ng the last.  NIFICANT TON  TION  TON  CAUSE OF DE IICAL EXAMINE  IRED  IRED	DUE TO,  (b)  DUE TO,  (c)  CONDITIONS  19b. CON  21b. TIME HOUR  (AT HOME S  21) view the/bod	CONTRIBUTING TO LOCATION FOR WHILE OF INJURY A.M. MONTH P.M.  TE OF INJURY STREET, FACTORY, OFFIN  The deceosed from	OUENCE OF	21c. HOW IN  21f. LOCATION STREET  DEGREE	ORMED  JURY OCCURF  19  10  10  10  10  10  10  10  10  10	YES TENTERN TO THE TENTERN THE TENTERN TO THE TENTE	OPSY? NOTO  LATURE OF INJUIL  CITY OR TO:  May  ed on the do	20b. IF YES IN CERTIFY YES	S, WERE FIND FYING CAUSE SS  PART I OR PART 2)  COUNTY	INGS USED SOF DEATH? NO STATE , that (1) (we) be ecauses stated
29	MEDICAL	gove rise to im couse (o), stoti underlying couse 190 stoti underlying couse 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d INJURY OCCUR AT WORK NOTIFY THE 200 I certify that (I saw the decess obove, (II (we)) 22b. SIGNATURE	Which mediate ng the plant of t	DUE TO,  (b)  DUE TO,  (c)  CONDITIONS (1)  196. CON  216. TIME HOUR (AT HOME S  (tol) ottended to the pool of the	OR AS A CONSECTION OF INJURY A.M. MONTH P.M. TE OF INJURY STREET, FACTORY, OFFIN the deceosed from 15	OUENCE OF	21c. HOW IN 21f. LOCATION 21f.	JURY OCCURR  JURY OCCURR  (our) opinion of the physician is	YES DED LENTERN	OPSY?  NOW  NATURE OF INJUI  CITY OR TO:  Mary  ed on the do  STAF  PHYSIC	20b. IF YE'IN CERTIFYE IN CERTIFYE YE IN ITEM 18 F	S, WERE FIND FYING CAUSE SS  PART I OR PART 2)  COUNTY	INGS USED SOF DEATH? NO STATE  , that (I) (we) lice causes stated
29	WEDICAL MEDICAL	GOVE rise to im COUSE (0), Stoti Underlying COUSE  PART 2 OTHER SIG  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED  210 INJURY OCCUR WMILE   NOT W AT WORK   NOT W AT WORK   NOT W SOW the decess obove, (II (We) ( 22b. SIGNATURE	Which mediate ng the least.  NIFICANT TION  TION  TION  TON  TON  TON  TON  TO	DUE TO,  (b)  DUE TO,  (c)  CONDITIONS (1)  196. CON  216. TIME HOUR (AT HOME S  (tol) ottended to the pool of the	OR AS A CONSECTION OF INJURY A.M. MONTH P.M. TE OF INJURY STREET, FACTORY, OFFI dy ofter deoth.	OUENCE OF TO DEATH BUT  TO DEATH BUT  PURCH OPERATION  DAY YEAR  19  ICE, FARM, ETC.)	21t LOCATIK STREET  21t LOCATIK STREET  21t LOCATIK STREET  21t LOCATIK STREET  21t LOCATIK STREET  21t LO	JURY OCCURR  JURY OCCURR  (our) opinion of the physician is	YES DED LENTER NO MEDICAL DIRECTOR	OPSY?  NOW  NATURE OF INJUI  CITY OR TO:  Mary  ed on the do  STAF  PHYSIC	20b. IF YE. IN CERTIFY YE YE IN CERTIFY YE YE IN ITEM 18 F	S, WERE FIND S, WERE FIND S, WERE FIND SO COUNTY SO COUN	INGS USED SOF DEATH? NO STATE  , that (I) (we) lace causes stated

DHMH - 16 60M 7/8 (VRA 15, 4)

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uril -1-5 centur laton ... 2071 2071 ...cls...6160 ron il d. ron il d. MAR + 15 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPARTMI		IEALTH AND MENT A HYG ICATE OF DEATH	ÜNE	REG. NO	i	8 0		
		CEASED NAME FIRST	,	MIDDLE	1	AST	20. DATE OF	F DEATH A	AONTH	DAY YEAR	26. HOU	R
	(TYPE	Daisy	S	NFRIO	May	- 14	198	35	6:45	5 P <sub>M</sub>		
	3. SEX		4 RACE	OF BIRTH	6. AGE (IN)	YEARS LAST BIRTH		IF UNDER TYEAR				
		Female	Whit	te	Aug.	19, 1906	78		YRS.	MONTHS: DAYS	HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	t.	D NEVER MARRIED	9. BALTIMO	RE CITY OF	COUNTY	OF DEATH		71
6		st Virginia	U.S.A.		WIDOW		P	rince	Georg	ge's		MD.
		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING		OR OTHER INSTITUTION		OCCUPATION OF OF		12b. KIND (		SSOR
3		Riverdale	Lelan	d Memoria	I Ho	spital	1	. Gov		Print		Offic
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		GIVE RESIDENCE BEFORE A 13t. CITY OR TOWN Seabrook		136 INSIDE CITY LIMITS?	13e.STREET .					
1	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM		WIDDLE	175	14	ST	
0		Bedford	Medic	Sharp		Daisy				Yeager		
1	16a W	VAS DECEASED EVER IN U.S. A		16h SOCIAL SECUR	ITY NO.	17. INFORMANT	M. S.	ADDRES	8702	Nighte	engal	e Dr.
٦										ook Me	1 20	706
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: Cardiac arrest, secondary to arrhythmia MMEDIATE CAUSE [a)										RVAL DEATH
			DUE TO, O	Arteriose	LOTO	tic cardiovaso	nular (	dicase		Unk	nown	
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	(b) DUE TO, O	R AS A CONSEQUEN		with atrial				Ollk	IIOWII	
	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE OR COND	ITION GIV	EN IN PART I	10	1112
	NOL		stroke.	Organic	brai	n syndrome.						
2	CERTIFICAL	190 DATE OF OPERATION	19b. COND	ITION FÖR WHICH C	PERATIC	N WAS PERFORMED	200 AUTO	NOX	IN CERTIF	S, WERE FIND YING CAUSE S		TH?
7	1000	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DAY	YEAR	21¢ HOW INJURY OCCURE	RED (ENTERNA	ATURE OF INJURY	IN ITEM 18 F	PART 1 OR PART ?)		
	MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC )	211. LOCATION STREET		CITY OR TOW	IN	COUNTY	5	STATE
		220.1 certify that (1) (this has sow the deceased alive a abave, (1) (we) (did) (did n				nd that in (my) (our) apinion	, to	14 May			that (I) (	
		77% SIGNATURE TO	or view the body	oner deam.		DEGREE	141-	7 - 4	abs -	22c. DATI	SIGNED	11
		1 (Koins	heres	1	/	MD ATTENDING PHYSICIAN 5	MEDICAL DIRECTOR	STAF		14 M	ay, 1	1985
1		Jerald A. R	U	en, M. D.		22e ADDRESS 24404 Queens		Rd., R	iver	dale, M	D 207	737
		BURIAL, CREMATION, REMOVA			AME OF C	CEMETERY OR CREMATORY	23d LOC			L'OUNTY		STATE
		Burial	May :	17. 1985	Mt.	Olivet Cem.		Washir	gton		Tall.	IMIE
	24 FL	UNERAL DIRECTOR				25a. DAT	E REC'D. BY	REGISTRAR 2	5h. REGIST	RAR'S SIGNA	TURE	

20706

Hales Lanham Funeral Home

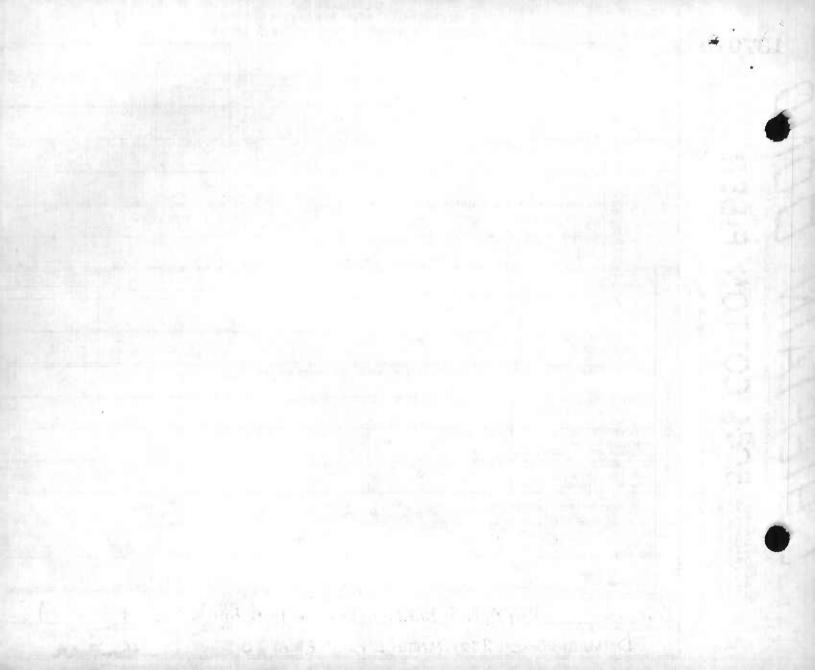
9013 Annapolis Rd. Lanham, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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to April 17, 1965

7			ems 18- FOR STATE	-22a 10/9	/85 mtk				OF MAR		AL HYGIE	NE	5	1	8			
1370	1771		REGISTRAR CEASED NAME	FIRST		MEDIC	CAL EXA	MINER	R'S CER	TIFICAT	E OF DE			. NO.		DAY YEA	101	1011
			(TYPE OR PRINT)		ni n		5066			Dozier		OF	ESTI- MATED	15.2	5 S		85 2b. F	IOUI
TEAS	V PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS 25, 201 W PREGION STREET,	3. SE)	(	Olymr 4. RACE	5 DATE OF B			GE (IN YEARS	IF UNDER	1 YR. IF UN	NDER 24 HRS	5. 2c. DAT	E	MOI	_		AR 2d F	
RY. F	NS TS TS	F	EMALE	NEGRO	NOV	DAY 2 9	1953	3 TYRS.	MONTH\$ D	PAYS HOU	RS MIN	PRONOU DE A	D		5	519	85 1	P
ESSA	N H H	7a BI	RTHPLACE (ST		76. CITIZEN C	76. CITIZEN OF WHAT COUNTRY?  8. MARRIED XX NEVER MARRIED   9 BALTIMORE CITY OF						Y OR CO	OR COUNTY OF DEATH					
DAN S	S. S. S.	W	ASH. D	. C.	USA				IDOWED [		ORCED		ince					M
Y IS	SHEED STEED	10. CI	TY OR TOWN		I IF NOT IN SI	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12. USUAL OCCUPATION (TYPE						(TYPE OF W	PE OF WORK 126 KIND OF BU OR INDUST			55		
3 OF C	OROS.	USUA	Chever		Prin	Prince George's General Hospital SECREATARY								COV	Г			
THE CANDALONS TH		13a. S	TATE	13b COUN	TY	13c. CITY OR TOWN			13d INSIDE CITY LIMITS? 13e STREET ADDRESS									
			ARYLAN ATHER'S NAME				LANDO	OVER			MAIDEN NAM	ME	ADIN	E CC	JURT			_
		1	CLARE	NCE	MIDDLE		BEI	I.T.		FIRST E.T.T.2	ZABET		MIDDLE	T	TNE	CNEY		
M BA	ON ON			DEVER IN U.S. AR	MED FORCES?	16	b. SOCIAL S		O. 17. IN	FORMANT			ADDR			MAL		
MALT	VISIO		NO				579-	72-21	84	CORNI	KLL D	OZIEI	R SAI	ME A	15	ABOY	VE	
51	PERMIT. PERMIT. GIENE, DIVISIONAL.	V	18 CAUSE O	F DEATH (Enter on ATH WAS CAUSE	ly one cause pe	er line for										APPROXIM	MATE INTER	
ON S	PERMI PERMI SIENE, VAL.		121		TE CAUSE (a)_	OPAS	Unde a conseoi	eterm:	ined									
HEST NEST				ns, if any, which		), OR AS I	A CONSECU	JENCE OF										
W. W.	EXAMINER SIAL - TRANS D MENTAL H ON, OR REA		couse (o)	se to immediate stating the <u>under</u> -	DUE TO	O, OR AS	A CONSEOL	JENCE OF										
20 Z	ON,		lying cou	se last.	(c)_					- 941								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD "PENDING" IN PENCIL IN 11EM. I	EF MEDICAL EXAMPLES AS BEATH AND ME AL, CREMATION, O	z	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE OR CO	DNOITION GIVEN	IN PART 1 (a)							
REC.	L CR	CERTIFICATION	19a. DATE OF	OPERATION	19b. CC	NDITION	FOR WHIC	H OPERATI	ON WAS PE	RFORMED?	>					20 AUTOP	SY?	
F VITAL RE	CHIEF A CHIEF A E USED T OF HE URIAL,	TIFIC														YES [	NO K	
OF V	MEN SEN		210 EXTERNA	L CAUSE WAS		AE OF INJ	URY ONTH DAY	YEAR	21c HOW IN	VJURY OCC	URRED LENTE	ER NATURE OF I	NJURY IN ITEA	M 18 PART I	OR PART 2			
IVISION OF CERTIFICATE TING THE W	SA HO	MEDICAL	CONTRIBUTI	NG CAUSE OF		P.M.	(III)	19	NE LOCATIO	211								
DIVIS HIS CER WRITIN	26.36.36.00 26.00	MED	WHILE AT WORK	NOT WHILE C		ACE OF IN		HOMĒ,	STREET	ON		CITY OR T	OWN		COUNT	Y	s	TATE
ER: T	ORWA ORWA ORWA OR PAC HE STAT		22a   certi	fy that I took charg	e of the remoir	s describe	ed above, he	eld an	Autopsy [	X, Insp	ection .	Inquir	, D.	and in r	пу оріпі	on		
MINI	A THAN		death resulte	ed from: Naty	ral causes	. Acc	igent .	Suicid	e 🔲,	Hamicide [	, Und	letermined n	nanner [	],				
EXAMI	ERAL DIRE EATH, WII		ACTUAL	0	25	1/	35			ITLE (SPECIF					ATE			
<b>3</b> 點	SE. ATH	,	SIGNATURE.	/)	11)	V			M.D	Assist	cant_ME	EDICAL EXA	MINER	Si	IGNED_	5/6/	85	1115
TO MEDI	VZOZ A		EXAMINER'S (TYPE OR PRIN	NAM NT)	Gregory	R, I	Kauffm	an, M	.D. ADDR	RESS 111			Balt	o.MD				
28	8842	NS	SPECIFY) "	TION, REMOVAL 2	36 DATE	IGUE	1 1 4		ERY OR CRE		1 9	LOCATION	. 12 -		COUNTY		STATE	
07/84 BP. 25M		D	UNERALDIREC	TOR	LIHA D	1482	HAR	MON	MSILL		ATE REC'D.	BY REGISTR	AR 1256 R	EGISTRA	. 0.		va .	
	HMH - 17 A15 ME (5))		NAME	INN ANDS	PINC PINC	DRESS 301	MART	1 6	King S	0.00	Y 15	1000	10.	700		O .		
,	1-11			111111111111111111111111111111111111111	7110		- + 4 fam s	14- 841	71110	, L   1111/1	11 00	- 0 6 M	71497	Valley.	September 1	DOGA		



- STATE REGISTRAR

Male

FIRST

LESTER

4 RACE

N

Black

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DUCKETT

5. DATE OF BIRTH

MONTH

DAY

08

YFAR

85

INDUSTRY

Duckett

IF UNDER 1 YEAR

7h HOUR

17b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ERTIFYING CAUSES OF DEATH?

COUNTY

22c DATE SIGNED

STATE

STATE

YES [

Race Track

34P

IF LINDER 2 LHP

REG. NO

MONTH

05

20. DATE OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

TAUUMO	REGISTRAR
noy be	1. DECEASED NAME (TYPE OR PRINT)
2 2 2	3. SEX
Poge 4 m director.	Mal
Poor Poor	-7a. BIRTHPLACE (5'
The in 72 th.	Me
er de fu	10. CITY OR TOWN
1 hours ofter death.  Is hours ofter death.  Is hours ofter death.  Is hours ofter death.	CHEVERLY
SALTIMORE, MARYLAND 2120 cote be encorrection 24 hours system of specifies filled in by spers. Po per specifies filled in by ool. it, the medical manner fraust be no	USUAL RESIDENCE
No. 14 Page 124 Page	Md
	14 FATHER'S NAME
WA 1 1 10	Leon
HE TO THE THE	160 WAS DECEASED
Don o s. Po	No.
ST., BALTIM entificate be e g physician o son papers. Po removal. : event, the me	18 CAUSE OF
ST., BAL ertificate g physicis conpoper removal. event, th	PART I. DE
S P DOG 0	

offe

March BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY PRINCE GEORGE'S COUNTY U.S.A. Md. WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION PGG HOSPITAL STAND MEDICAL CENTER (TYPE OF WORK FOR MOST OF WORKING LIFE) CHEVERLY Groomer SUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION e. STATE 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 12906 8th St. Bow1e Md YES TO NO [ FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Leon Dotson Evelyn ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATES! 220-42-2916 Evelyn Duckett-Same as # 13 above No 18 CAUSE OF DEATH (Enter only one couse per line for part, 16), and is PART I. DEATH WAS CAUSED BY muram IMMEDIATE CAUSE emotion, Conditions, if ony, which trou gove rise to immediate couse (o), stoting the underlying cause lost 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OF COMMITION GIVEN IN PART IO CERTIFICATION 0 190 DATE OF 19h CONDITION FOR WHICH A OPERATION HILLIF YES WERE FINDINGS USED Нув 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY THE HOW INJURY OCCURRED. ( ENTER NATURE OF INJURY IN THIS IS PART I DREAKED) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL or Item (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY TH LOCATION DITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC I SHARRY morked WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive above, (I (we) (did) just and that in (my) (our) opinion death occurred of the date and hour and from the causes stated new the body ofter death Dige 77s. SIGNATURE DEGREE ATTENDING STAFF FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN CRITANT. HARLES, M.D. BURIAL SEMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

RECORDS. DIVISION OF VITAL ENDING 0

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

H. S. WASHINGTON & SONS 4925 BURROWERS AVE, B.C.

HARMONY MEM. PARK

LANDOVER 250. DATE REC'D. BY REGISTRAR

CITY OF TOWN

256. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

_		FOR
1	-	STATE
		REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGDENE

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5	1	8	0

CERTIFICATE OF DEATH	REG. N				
LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	25 HOUR

- 1		REOISTRAK							REG. NO.				
		CEASED NAME FIRST	MIDE	DLE	U	AST		20 DATE OF	DEATH MO	NTH	DAY YEAR	25 HOUR	
	(ITPE	RU	TH MIL	DRED	DIII	NKER		MAY	10	19	85	8:00 AM	
	3. SEX	X .	4. RACE		5. DATE O			6 AGE (IN YE	ARS LAST BIRTHD		IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Female	Whi	te	April	4, 1900	YEAR	85		YRS.	MONTHS DAYS	HOURS MIN.	
10		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WH	HAT COUNTRY?	8	NEVER MAR	DIED 🗆	9 BALTIMO					
3	V	irginia	U.S.A.		WIDOWE	D DIVOI	RCED 🗌		Ince G			MD	
3		TY OR TOWN OF DEATH	11. NAME OF HOME DOCTORS	ACILITY GIVE STREET	(DDRESS)	Pr.Geo.		120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY  Clerk  120. KIND OF BUSINESS O INDUSTRY U.S. Gov 1 t					
-		AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIV	E RESIDENCE BEFORE	ADMISSION)								
5	13a. S	Md. 136. CO	Georges [R	Lanham		13d INSIDE CITY YES X N	LIMITS?	13e.STREET A	DDRESS / Z	ale :	Rd. 2	0706	
	I4 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S M			MIDDLE		LAST		
0			Kerfoot	LAST		Effie	1	R.		Bure!			
0		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT							ADDRESS				
	()	YES, NO OR UNKNOWN) (IF YES, (		78-32-0	403	Doris Sr	nith 7	7213 Ki	dmore	Lan	e Lanhar	n, Md.	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per lin	e lor (o), (b), onc	lici	1.11	1	Oct -			BETWEEN C	MATE INTERVAL	
			ATE CAUSE (a)	- angr	en	00(4)	le	WF	001	'			
	Conditions, if ony, which gave rise to immediate  DUE TO, OR AS A CONSEQUENCE OF Failure  (b) Failure  A Tourism A T												
	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF A CO.												
		underlying couse last. (c) ASCIUS 2 70H110 Myrordism											
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	JO.				10.0		-45						
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	WAS PERFORM	ED	200 AUTO			S, WERE FINDIN FYING CAUSES		
-	RTIF			200				YES 🗌	XXION		ES 🗌	NO 🗌	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	- 110110 4 44	MONTH DA	YEAR	21c. HOW INJUR	RY OCCURR	ED (ENTERNAL	URE OF INJURY I	N ITEM 18	PART 1 OR PART 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN			19					1111			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	INJURY	ARM ETC )	211 LOCATION			CITY OR TOWN		COUNTY	STATE	
	8	AT WORK NOT WHILE AT WORK		, , , , , , , , , , , , , , , , , , , ,	, 210 )								
		220.1 certify that (1) (this has	pital) attended the d			+ 28	19 85	, to	AY /	0	19 85	that (1) (we) lost	
		sow the deceased alive obove, (1) (we) (did) (did	not) view the body olt	ter death	<b>3</b> , on	d that in (my) (ou	ir) opinian c	leath accurred	on the dote	and ha	or and Iram the	couses stated	
		22b. SIGNATURE	0		(	DEGREE					22c. DATE	SIGNED	
		A-0 10	mely	ephi	7 = 1		SICIAN TO	MEDICAL DIRECTOR [	STAFF  PHYSICIA	N			
1		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22c. ADDRESS									Bit Co		
		ATA O. MOSHY	EDI, M.D.			5632 An	napol:	is Rd.	, Blad	ensb	urg, Md	. 20710	
	23o 8	236 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) 23d. LOCATION (CITY OR TOWN COUNTY STATE											
		Burial	May 13,	1985 C	edar I	Hill Ceme	etery		itland		P.G.	Md.	
	24 FU	UNERAL DIRECTOR HOWA:	rd Hale's	Lanham I	Funera	al Home	250 027	REC'D. BY RE	GISTRAR 25	REGIS	TRAR'S SIGNATI	URE	
		9013 Annapol:	is Rd. Lan	ham, Md.	2070	06	144 44 T	9 A B	The H	wark	laurdson-A	include "	

DHMH - 16 60M 7/84

injury, or other traumotic event,

MPORTANT. If Item 21 is marked or Item 18 shows any

(VRA 15, 4)

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

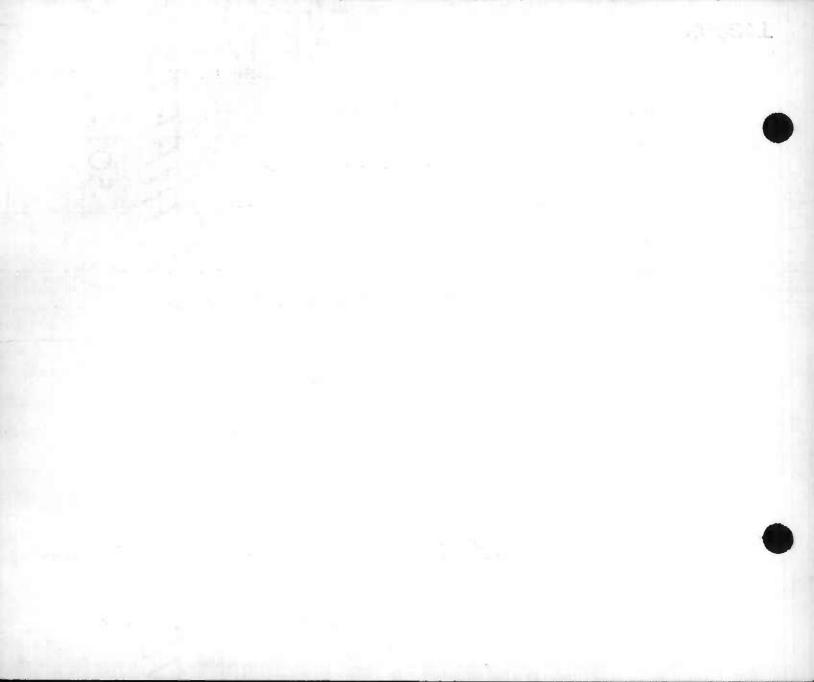
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REGISTRAR			CERTI	TEATE OF DEATH	REG. N	0.		
DECEASED NAME FIRST		MIDDLE	ŧ	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
THE OR PRINT!	Paul		Du	nn	May 10, 19	85		10:50A M
SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS
male	negro		Sept	23, 1922 YEAR	62	YRS.	DATS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY O	F DEATH	
Kansas	USA		WIDOWE		Prince Geo	rges C	ounty	MD.
Laurel				orotherinstitution ille Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF hot walke	F WORKING LIFES	INDUSTRY	track
USUAL RESIDENCE (IF NURSING HOME 13a. STATE LIB CO Maryland AA	UNTY	GIVE RESIDENCE BEFORE.		13d INSIDE CITY LIMITS?	130 STREET ADDRESS Laurel Rac	ZIP CODE	se 207	07
FATHER'S NAME FIRST UNKNOWN	MIDDLE	EAST		15 MOTHER'S MAIDEN NA UNKNOWN			LAS	
60 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS		
YES, NO OR UNKNOWN] (IF YES,	2 WAR OR DATES	511 78 3	865	Maryland Ho	orsemen's As	sistan	ce Fun	id, Balt.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	(c) T CONDITIONS <u>C</u>		EATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V	WERE FINDING CAUSES	NGS USED
E L					YES NO	YES	_	NO [
OR CONTRIBUTING CAUSE OF I	EATH HOUR A.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART2)	
214 INJURY OCCURRED  WHIE NOT WHIE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
220.1 certify that (1) (this has	m	10		that in (my) (our) opinion				that (I) (we) lost causes stated
27h SIGNATURE	14	29 8	N	ATTENDING PHYSICIAN [	STAL STA		5/13	SIGNED
230. BURIAL CREMATION, REMOV.		1731 N	AME OF C	274 ADDRESS	123d LOCATION			
Burial		7,1985 A	rbutu	is Memorial Po		Maryl	and	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

24. FUNERAL DIRECTOR Donaldson Funeral Home, Lauritt, Maryland 25. DATE REC'D. BY REGISTRAR 25. REGISTRAR'S SIGNATURE
MAY 2.2 1985 Sullis Sevidson-Rondard

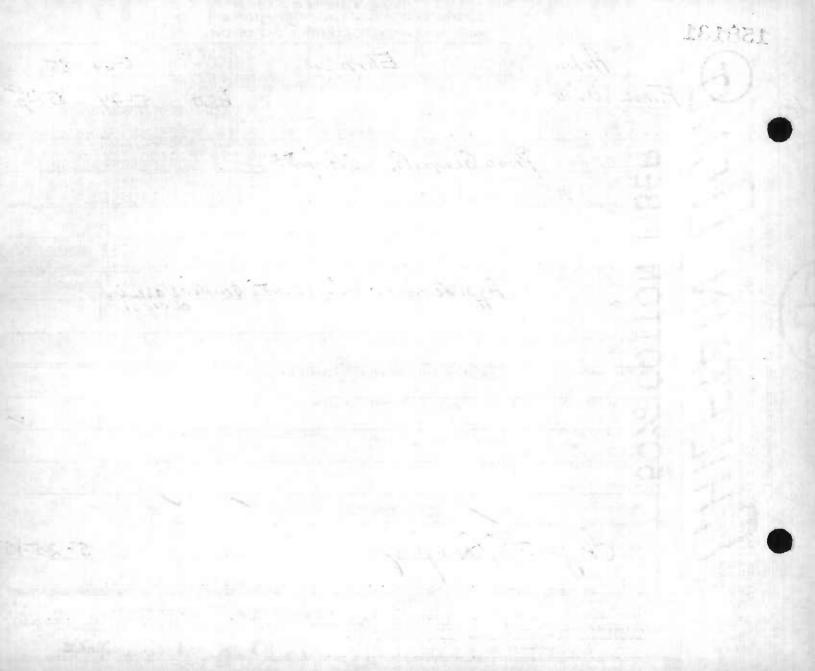


134547	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		8 5
		EASED NAME FIRST	WIDDLE	Facto.	REG. NO.	10 115
	3. SE.	Esse	4 RACE	5. DATE OF BIRTH	6, AGE (IN YEARS (AST BIRTHDAY)	IFUNDER 1 YEAR IF UNDER 24 HRS
1		F	Black.	AU9 3 1883		RS. MONTHS DAYS HOURS MIN.
orth. Person of 72 ho		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince 6	
offer de softer de by the fun illed within northied of		Adelphi.	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	196 KIND OF BUSINESS OR
AND 212	130.	and P	DISCHER INSTITUTION, GIVE RESIDENCE BEFOR	VINDER LINSIDE CITY LIMITS?	13. STAGET ADDRESS / 8	01-Melzerett
MARYL ed with ond 2 s	14. Fa	THER'S NOW	MEDIT LAST	5. MOTHER'S MAIDEN N	MIDDLE	LAST
IMORE,		VAS DECEASED EVER IN U.S. A (ES, NO OR ) NKNOWN) (IF YES, G	ARMED FORCES? 16b. SOCIAL SECU	JRITY NO. MISORMANT WENT TOWN 334 - C	to Moller	la DI Mayland
ST., BAIT ertificate   ug physicis ban papers removal.		PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), ar SED BY: ATE CAUSE (a)	1 -00 +	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON not the death c by the attendir sse remove cost c, cremation, or		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU			
RDS, 201 equires the signed Then plex r to burial injury, or	NO	PART 2. OTHER SIGNIFICANT HYDORTENS TO	n, Organic Br		7 / 1 ] -	N GIVEN IN PART 110
AL RECO	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
N OF VITA SICIAN: TI ng physicic certificate rical-transit ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN IT	M 18 PART 1 OR PART 2)
MVISION of PHYSIA of PHYSIA of PHYSIA of PHYSIA of PHYSIA of Physia of the buring the buring the buring of the of the physia of	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDII hospital or RECTOR: A red for use red for use red for use red for use red for use		saw the deceased almo- above (1) Ave) (did Edid r	spital) attended the decased from 4130	3.5, and that i (my) (our) opiniar	, ta, ta	
AL OR of the hor all DIRE		Lecat	Stell		MEDICAL STAFF DIRECTOR PHYSICIAN	222. DATE SIGNED
O HOSPI To FUNE Model be A MORE THE S		Stratt	received to	7. D 22. ADDRESS 750		Center Dr.
BP	1	URIAL, CREMATION REMOVA SPECIFY)	5-10-85 A	rbutus Heno	un Park B	alt Hayland
DHMH - 16 50M 4/B2 (VRA 15, 4)	117	22-Notth	and R.Woodfo	Wash D. Car	T10 885	According Pandall

TI STEEL Harvest 100 May 100 King to 100 May 10 - 25 Min Sus March + 1 Feel Land 1001-350



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 158131 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN F 20. DATE (TYPE OR PRINT) OF ESTI-6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE DNOUNCED 1985 66RS MARRIED NEVER MARRIED X WASH D.C. U.S.A. WIDOWED DIVORCED PRINCE GEORGES I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CHEVERLY MACHINE OPERATOR RET 13e STREET ADDRESS MD HYATTSVILLE 3900 HAMILTON YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST MAX EHRMAN ROSA HAAS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO. OR UNKNOWN) NO NA 577-05-9594 MR. EHRMAN APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse propine for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 80 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection Homicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUT TO FUNERAL C AFTER DEATH, BALTIMORE, M MEDICAL EXAMINER EXAMINER'S NAM Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Temple Hills, Md 230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL 5-28-85 WASHINGTON HEBREW WASHINGTON. 07/84 BP 25M 24 FUNERDAN ZANSKY-GOLDBERG MEM CHP INC. 25g. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 1170 ROCKVILLE PK. ROCKVILLE.



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGISNE

	1 -	REGISTRAR				CERTIF	ICATE OF DE	ATH	F	REG. NO.		
		CR PRINT)	LOUISE		NANCY	EVER	ARD		20. DATE OF DE		5-06-85	26. HOUR 2:05AM
1	3 SEX	(		4 RACE	V 1 2 1	5 DATE C	F BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	
4	FE	EMALE		CAUCASTA	AN	JUNE	3,1923	YEAR	6	1 YF	MONTHS DAYS	HOURS MIN,
Я		RTHPLACE (STATE (	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D. NEVER MA	RRIED 🗆			NTY OF DEATH	
	-	LORIDA		U.S.A.		WIDOWE	XX DIVO	RCED			'S COUNT	MD.
4	200	TY OR TOWN OF D CHEVERLY	DEATH		HOSPITAL, NURSIN				12a. USUAL OCC (TYPE OF WORK FOR		NG LIFE) INDUSTRY	OF BUSINESS OR
	130 S	AL RESIDENCE (IFN TATE ARYLAND	136 COUN		GIVE RESIDENCE BEFORE  130 CITY OR TOW  BOWIE		13d. INSIDE CIT	Y LIMITS?	13e STREET, ADD	ress post	VIER RIDO	207TE GE DRIVE
1	14. FA	THER'S NAME FIRST ALFRED		AIDDLE	ROUTH		IS MOTHER'S A	SEFFIE		IDD18	BOATWRIG	भेर
	160 M	NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	263-30-		17 INFORMAN	L. EV	ERARD	SAME A	AS 13 1	DAUGHTER
		Conditions, if of gove rise to it couse to its underlying car	ny, which mmediate sting the use lost	DUE TO, O  DUE TO, O  DUE TO, O	R AS A CONSEQUI CEREB R AS A CONSEQUI BERR DITRIBUTING TO	RA-L ENCE OF	HENC	YSN	AGE 1	I CONDITION		WEE/S
7	CERTIFICATION	19a DATE OF OPER	RATION		ITION FOR WHICH	OPERATIO	N WAS PERFORM	NED BRAIN	VES N	20b. II	FYES, WERE FIND ERTIFYING CAUSE YES	INGS USED
1	1457575411	OR CONTRIBUTING	CAUSE OF DEAL	HOUR A.	M. MONTH D.	AY YEAR	ZIC HOW INJO	JKT OCCORR	CED (ENTER NATURE	OF INJURY IN ITEA	A 18 PART I OR PART 2)	
MEDICAL	MEDI				OF INJURY REET FACTORY, OFFICE, F	211 LOCATION		CI	TY OR TOWN	COUNTY	STATE	
		220 I certify that (I) (this hospital) attended the deceased from										
		226. SIGNATURE  DEGREE.  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME TYPE OF PRINT  226. PHYSICIAN'S NAME TYPE OF PRINT  DEGREE.  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE									Den	16,1985
		Non	n Nov	KI	SOHRE	R	3231	20	IE RIOR	LANE	Bow	15 MI) 20

DHMH - 16 60M 7/84 (VRA 15, 4)

ROCK CREEK CEMETERY

WASHINGTON, D. C.

STATE

BURIAL 5/9/85 ROCK CREEK
THE FUNERAL DIRECTOR FRANCIS J. COLLINS, DRESS
500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

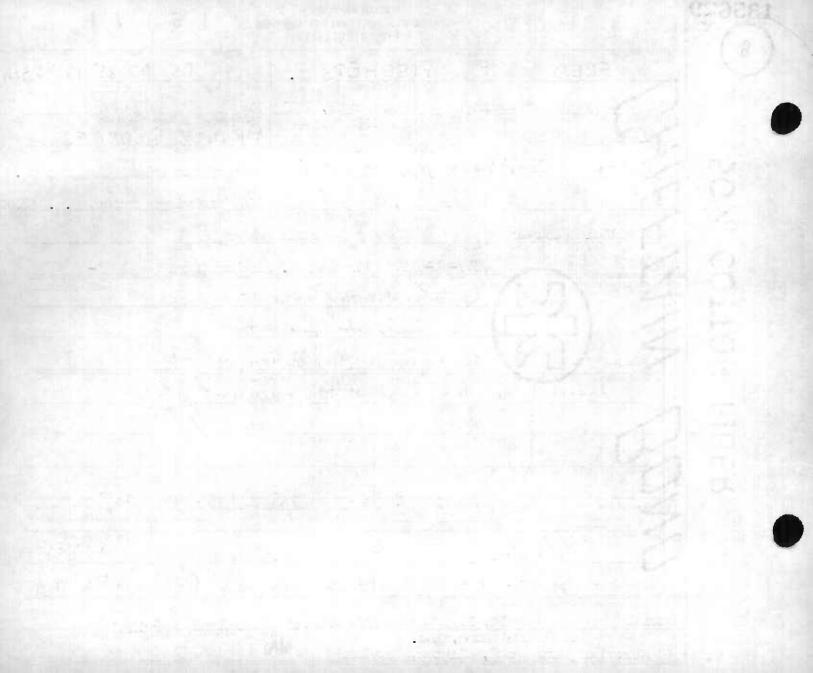
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

The second section section. TATION AND STREET STREET

god god vatt i i man El abura i daima. Dundain Cruse Sun Sandary De, 2933 let 52 THE COURT SENERE NEW ACTU and and desired the fact of th for bon article as a few a series out of an article William Joseph Jorris of Lea 2. Charbell yes Morean 504-30-22a2 minute 1. Perrin ness an ISa CARCONG HALL HELL WELL BE 

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14	1079					PEPARTMENT O	F HEALTH	ARYLAND	YGIENE   5	19	3
16	77.	1. DEC	EASED NAME	14/85 FIRST	rja MEI	MIDDLE MIDDLE	NER'S C	ERTIFICATE C	20 DATE KNO	REG. NO	DAY YEAR 25. HOUR
0	Wange V	(TYPI	OR PRINT)	Thomas		M.	Flan	agan	OF ES DEATH MA	STI-	19,19 ON 3MM
(1	PLE	3. SEX RACE White		5. DATE OF BIRTH LAST BIRTH LAST BIRTHDAY MON 11 13 1919 65 YRS.						17,1985 ZM	
0	NAME OF STREET	Wa	RTHPLACE (STATE OR BEIGN COUNTRY) Shington,		U.S.A.  8 MARRIED MEVER MARRIED   Prince Geo						
	FRE, THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELVIS TATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2 AND 170 THE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 RETAIN PAGE 19. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILLIAND RESTATE DEPARTMENT OF HEALTH AND MENTAL HYGIERIE, DIVISION OF THAT SHOULD BE FILLIAND. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Riverdale			II NAME OF HOSPITAL, NURSING HOME, OR OTH HENDT IN SUCH FACILITY, GIVE STREET ADDRESS)  Leland Memorial Hospita			FOR MOST OF WORKING LIFE)			Gov't.Print-
RE, MD. 21201		13a. S		IBL COUN		13c. CITY OR TOWN Houston		136. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 206 Plaza Verde Di		ing Office
		2	Thomas		AUDDLE	Flanag		15. MOTHER'S MAIDI Agnes	EN NAME MIDDLE		Dowd
BALTIMORE		(YES, NO, OR UNKNOWN)  YES  (YES, NO, OR UNKNOWN)  YES			WAR OR DATES)	577-16-2		Maureen I Flanagan (Wife)			26 West Park D
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST			Conditions, if ony, which gave rise to immediate cause (a) stating the under-lying cause last.  (b)  DUE TO, OR AS A CONSEQUENCE OF  UNIT 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).								
		MEDICAL CERTIFICATION	19a. DATE OF OPER	ATION On	196. CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTOPSY?  YES □ NO 🋣
			210. EXTERNAL CAU UNDERLYING CONTRIBUTING  210. INJURY OCCUP	OR CAUSE OF I	DEATH P.M.	. MONTH DAY YE	211. LO	OW INJURY OCCURRE	CITY OR TOWN		
NIO			WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE  22a. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my apinion								
•	AL EXAMIN HE CERTIFIC HOULD BE I AL DIRECT ITH, WITH I E, MARYLA		death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined manner ,  TITLE (SPECIFY)  ACTUAL SIGN TUP								
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999	BP A D F A B	(5	JRIAL, CREMATION, PECIFY) Burial		05/22/85	<sup>23</sup> George Marylan	Washi d Vet	erans Cem.	Cheltenne	am-	Maryland
के ह्यांश	DHMH - 17 (VR A15 ME (5))	F.	NAME Gasch's S	ons F	H. P.A.	[yattsvill	e,Mary	land M	Y 2 2 1985		SIGNATURE

I relation

205 Mark Words Dr. - 1-20 77058

S. feed Sons F.H. P.A. Hyskieville, Marylind Land P. H. S. S.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGUNE

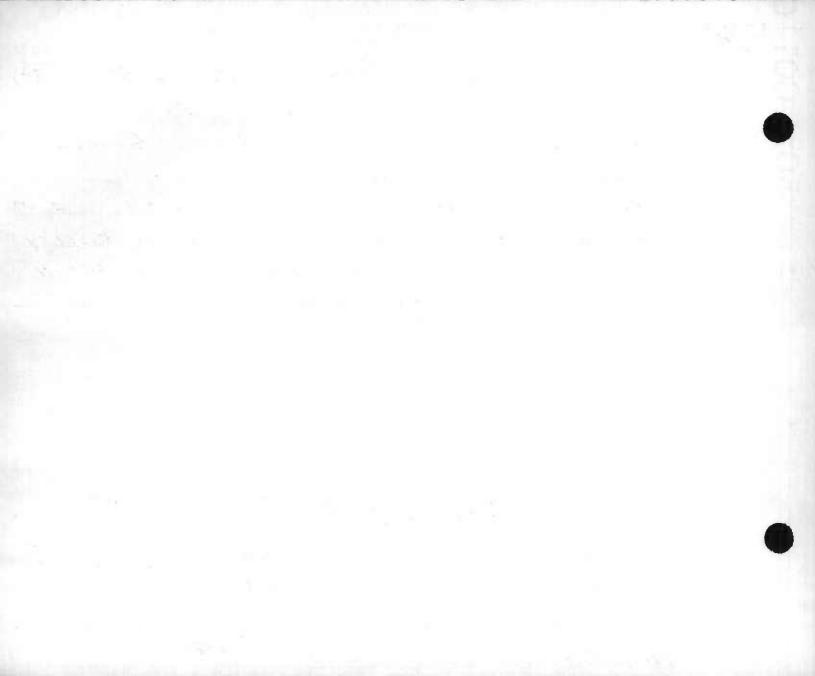
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		REGISTRAR				CERTIF	ICATE OF DE	AIH		REG. NO.			
\		CEASED NAME	FIRST	,	MIDDLE	1	AST		20 DATE OF	DEATH M		DAY YEAR	2b. HOUR
		OR PRINTI	11	ARBUM	ST	F	LESTER		5		2-	35	20
	3. SE	x		4 RACE		5. DATE C		YEAR	6. AGE (IN YE	ARS LAST BIRTHE		IF UNDER 1 YEAR	IF UNDER 24 HE HOURS MI
	1	EMALE		CAUCI	45IAN	10	4	1925		59	YRS.	JA13	NOURS MI
カナ	70. B	RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	D NEVER MA	APPIED	9. BALTIMO	RE CITY OR	COUNTY	OF DEATH	
20		MARYLA	100	u	:5.	WIDOWE		ORCED	PRI	UCK	6	FROR	GE I
3/	10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		R OTHER INSTIT	MOITUT	12a USUAL C	CCUPATIO			OF BUSINESS C
6/	L	LAURE		7041 (	CONTEE	RD.				EWIA			
9	13a	AL RESIDENCE (IF NUF	13b COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		1 13d. INSIDE CIT	Y LIMITS?	13e STREET A	DDRESS / 2	ZIP CODE		
P		MD.	P.	G.	LAUR	EL		NO 1	SAME	- AS	-4/		2070
Mine /	14. F	ATHER'S NAME	,	MIDDLE	LAST		15. MOTHER'S /	MAIDEN NA/	WE	MIDDLE		. LA	ST
30	-	CHARLES		WTHEI	2 SH.	IPE		NA	FR	ANCI	55	KNS	ISLEY
edicol		VAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES?	16b SOCIAL SECU		17 INFORMAN	T		ADDRESS			· .
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ever		PARTI DEATH		E CAUSE (o)	U	10 1	M 100) 10	bus				110	1
ofic		l		DUE TO, OI	RAS A CONSTOR	E/ICE OFA	. /1100	/					V.
000	Ì	Conditions, if any		(b)	4	MAR	wy	15/					
er 1	1	gove rise to im couse (a), stati	ing the	DUE TO, OI	R AS A CONSEQUE	ENCE OF		0					
0	1	underlying cous	e last	(c)									
ry.	-	PART 2. OTHER SIG	SNIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	IN AL DISEASE	OR CONDI	TION GIVI	EN IN PART 1	101
1	NOF												
5/	CERTIFICAT	190 DATE OF OPERA	ATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTO	PSY?	20b. IF YES IN CERTIF	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
2	E								YES 🗌	ио[]			NO 🗌
6		210. ACCIDENT WAS UN			finjury m. month Di	AY YEAR	21c HOW INJU	JRY OCCURR	ED (ENTERNAT	URE OF INURY	IN ITEM 18 P	ART I OR PART 2)	
17	S	(IF EITHER NOTIFY MEE	DICAL EXAMINER	P./		19							
9	MEDICAL	WHILE IN NOT W		21e PLACE (	OF INJURY REET, FACTORY, OFFICE, F	FARM ETC )	211 LOCATION	1		CITY OF TOWN	4	COUNTY	STATE
orke	1	AT WORK AT WE	ORK			- 1	mail	10	/	DALL		2-	
2		22a I certify that (		HI	e decapsed from	ant	THELLEY	19 11.	10	1 luci			that (I) (we) le
n 21			sed alive on. (did) (did not	) view the bady	ofter death.	-	nd that in (my) (c	our) apinian d	death accurred	d on the date	and have		
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RTA /		22d. PHYSICIAN'S N	AME ITYPE OF	PRINT)	7 1A	· R	VI THIN	Mond	JAN. 1	DAMI	Sall	note of	1+mi
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_			Annual Property lies		10	. 7		//					-
		CREMI	9710n	15/3/			WASH.	(REM	MIRY	LAUR	REL	P.G	. m
/83	24 F	UNERAL DIRECTOR	9710n	) 5/3/			ANDY SP	RED PAT	REC'D. BY RE	GISTRAR 25	b, REGISTA	PAR'S SIGNA	ORE LAND

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

BP.



# FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGINE CEDTIFICATE OF DEATH

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li .	-		(40)	
REG	NO.			

	REGISTRAR				CERTIF	ICAIL	PULATE		REG. N	0.			
	CEASED NAME FIRST	FIRST		MIDDLE	L	AST		20. DATE OF		MONTH	DAY YEAR	2b HC	OUR
(TYPE	OR PRINT)	Willi	am.	G.	'H'	Lynn		May	17	198	35	6:3	15 A.
3. SE:	X .		RACE		S. DATE C			6. AGE (IN YE	ARS LAST BIR		IF UNDER I YE		DER 24 HRS
	Male		Caucas	ian	Dec.	30,	1927	57		YRS.	MONTHS DA	HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8	XX	RMARRIED -	9 BALTIMO	RE CITY O	RCOUNT	Y OF DEATH		
	New Jersey	4,733	USA		WIDOWE		DIVORCED [	Princ	e Ge	orges			MD
10 C	ITY OR TOWN OF DEA	ATH 11		HOSPITAL, NURSIN		OR OTHER I	NSTITUTION	12a USUAL C	CCUPATI	ON	12b. KINI	D OF BUSIN	NESS OR
_	ew Carroll		5907 8	4th Aven	ue			Analy		F WORKING (		JS Gov	v't
13a S	at residence (IF NURS STATE Aryland P	136 COUNTY		13t. CITY OR TOW	N	13d INSIDI	E CITY LIMITS?	13e STREET A 5907		ZIP COD Aven		2078	34
14 FA	ATHER'S NAME FIRST Willi	am MID	DLE	Flynn		15. MOTHE	ER'S MAIDEN NA/	WE	MIDDLE		Feer	LAST 1 <b>ey</b>	7
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADDRE	\$S			_
ye	SE NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)	161-22-3	349	Roser	nary Flyn	nn	sa	ne as	13e		
	18 CAUSE OF DEAT			line for (a), (b), one	d (c).	- Delle					BETWE	ROXIMATE IN	TERVAL ND DE ATH
	PART I. DEATH W	AS CAUSED E		C.	286	200	= 50.00 i	De ?	Fall	nace	5	- was	The contract of
NO	Conditions, if any, gove rise to immacause (a), stating underlying couse  PART 2. OTHER SIGN	mediate ng the lost.	(6)	R AS A CONSEQUE		NOT RELAT	TED TO THE TERM	INAL DISEASE	OR CON	DITION G	IVEN IN PART	f Ita	
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a AUTO		IN CERT	ES, WERE FIN	SES OF DE	ATH?
MEDICAL CERTI	21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDICAL INJURY OCCURION ON THE NOTIFY MEDICAL INJURY OCCURION OF THE NOTIFY MEDICAL INJURY OCCURION ON THE NOTIFY MEDICAL INJURY OCCURION OF THE NOTIFY OF TH	CAUSE OF DEATH CALEXAMINER) RED	P. 21e. PLACE	m. month da m.	19	21f LOCA	INJURY OCCURP ATION	RED (ENTER NAT	CITY OR TO	RY IN ITEM IB	PART I OR PART		STATE
	270.1 certify that (I) saw the decease above, (I) (we) (s. 272b. SIGNATION 1)	(this hospital) ed alive an od (did nat) v	HPRINGE THE BODY	13 19	, .,	DEGREE	ATTENDING PHYSICIAN RESS \$63	death occurred	STA	FF			
230 E	BURIAL, CREMATION,		23b. DATE				PR CREMATORY Prans Cen	23d. LOCA City o Ch	DRIOWN	nham,	COUNTY Maryl	en d	STATE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Beall Funeral

16000 Annapolis Rd. Bowie, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 2 1 1985 was way doon hands

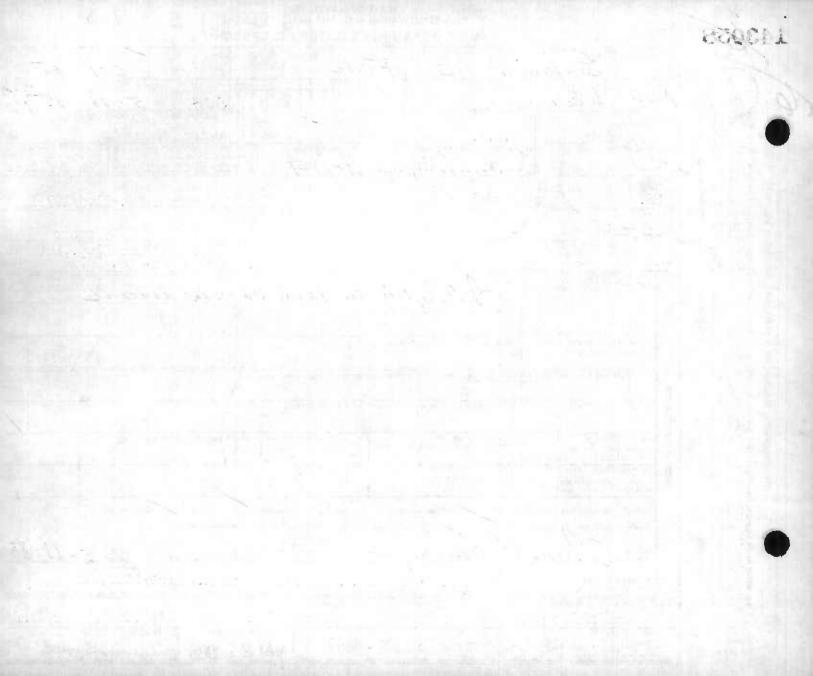
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Burial May 22 1955 Marryland Vacarons Cam. Chalcumine, Haryland Louis Editor Advanta Rayland Review Respire Rd.

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14	१८०० १८००		REGISTRAR		CAL EXAMINER	S CERTIFICATE	OF DEATH REG. NO.	
/			E OR PRINT)	P M	IDDLE	LAST	20. DATE KNOWN OF ESTI	MONTH DAY YEAR 26 HOUR
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	SEE STATE	4	REIGN COUNTRY)	U.S.A.			Prince Georg	ro¹e
	2200	10 C	nnsylvania TY OF TOWN OF DEATH		ADNURSING HOME, OR		120. USUAL OCCUPATION (TYPE OF	
9	245 EA	6	Clinton		TY, O'TE STREET ADDRESS)	Mn 4.151	FOR MOST OF WORKING LIFE)	OR INDUSTRY
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8	10=63-1		ATHER'S NAME	MIDDLE B•	Forte	15. MOTHER'S MA	LIDEN NAME MIDDLE	LAST
#	AND THE PROPERTY OF		Benjamin			Emma	Marie	Wagner
INC.	BABUS /		VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, GA	RMED FORCES?	166. SOCIAL SECURITY NO	17. INFORMANT	5673 Souther	rn Blvd., Lothian
A	ANT RES	Y	es V	WII		Marcella	E. Joyce Forte- N	4d. 20711
-	N W LO		18. CAUSE OF DEATH (Enter of	only one couse per line for	r(a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	SERVE SERVE		PART I DEATH WAS CAUS	ATE CAUSE (6)	eres seles	to Jande	Wascular dere	Carlo DENTA
0	SESTED S		avonebi.		A CONSEQUENCE OF			12 1 15 10 10 10 10
2	E SE		Conditions, if ony, which					
*	TED WII N PENC XAMIN AL - TRA MENTA N, OR I		gave rise to immediat cause (a) stating the unde		A CONSEQUENCE OF			
201	N A A A	-	lying cause lost.					
DIVISION OF VITAL RECORDS, 201 W. PRESTON	XECUTE VG" IN SAL EXA BURIAL AND M		PART 2 DTHER SIGNIFICANT CONDITION	(c)	NOT RELATED TO THE TERMINAL O	ISSASS OF CONDITION CIVEN II	N PART 1:-	
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Ž	ROED SE 3 SI SOI PR	ME ME		STREET, FACTORY	, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	WAR WAR VAR		AT WORK AT WORK	<u> </u>				
	ATE, ORV ORV IE SI		22a. I certify that I took cha	rge of the remains describ	ped above, held on A	utopsy . Inspec	ction Inquiry and in	n my opinion
	MAN HE		death resulted fram: // Not	tural causes A	ccident . Suicide	Homicide	Undetermined monner	
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	CAL EXA THE CER SHOULD SHOULD STAL DIR STE, MAR		SIGNATURE ALLE	way lea	your -	M.D. Deputy	MEDICAL EXAMINER	DATE 5-18-85
	PEDICAL A SHOUNERAL DEATH, WORE, A		/	///	1.0	T000		
	M D W D W D		(TYPE OR PRINT)	Augustø	P. Rodriguez, M	ADDRESS 5009	Rayburn Ct., Temple H	LLIS, Ma
	TO MEDICAL EXECUTE THE PAGE 4 SHOUND TO FUNERAL AFTER DEATH, BACTIMORE, N	23a. B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETER	RY OR CREMATORY	23d LOCATION	COUNTY
07/84	BP		Burial	5/22/85	Cheltenham	Veterans (	Cem. Cheltenham (Pr.	Geo's) Maryland
25M		24. F	UNERAL DIRECTOR			25g. DA	TE REC'D. BY REGISTRAR 256 REGISTR	
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			meral Home				NO.	



Gasch's Sons F.H. P.A. Hyattsville, Maryland

(VRA 15, 4)

STATE OF MARYLAND

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Burdal . D. Tingola Condony Broatwood T.C. Maryland

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STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15. 4)

should be deto with the Stote [ MPORTANT

> May 13.1985 All Saints 24 FUNERAL DIRECTOR W.Clarke Mattingley Leonardtown, Maryland MA

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

RAKESH ARORA, M.D.

Mary's Md Oaklev.St 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d. LOCATION

14300 Gallant Fox LAne Suite 222 Bowie, MD

Grilia Davidson-Randale

2b. HOUR

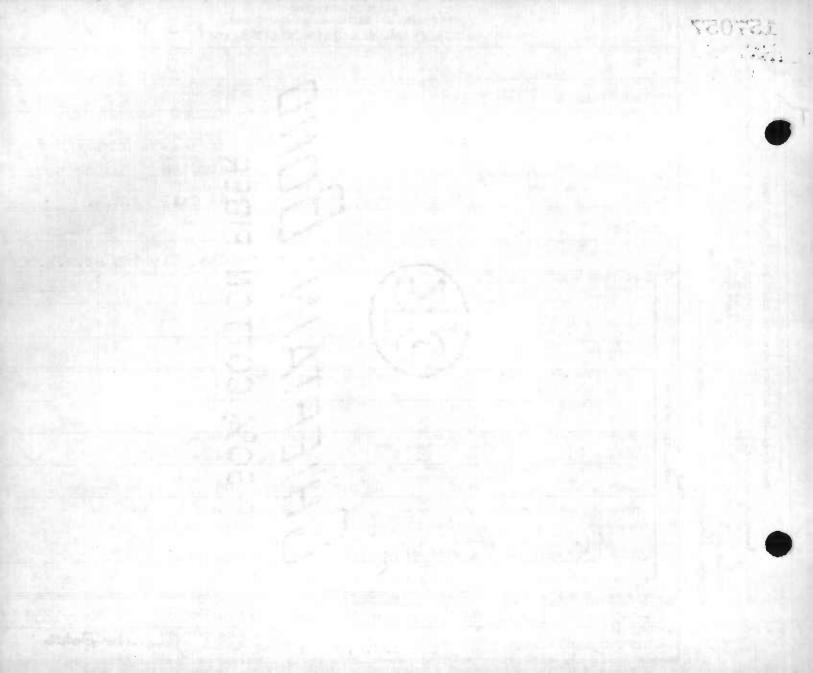
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21201	AND 3 TO PETAIN	USUA 130. ST D.	RESIDENCE ATE C.	(IF IN MURSING HOME C	ROTHER INSTITUTION,	13c CITY	BEFORE ADMISSION OR TOWN		136 INSIDE CITY YES 🔀	LIMITS? 13	5 4 0 5	DRESS	Pl.S	9999	9
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BALTIMO	JRS AFTER 18. GIVE PAWITH FOR 17. PAGES 1 DIVISION (	(YE	5, NO, OR UNKN		WAR OR DATES)	unk	ial security	NO.	Chess		ulwoc	address of 519		St.N.E	e.DC
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTMORE, N		EXAMINER'S (TYPE OR PR	INT) Deni	nis F. Sm				ADDRESS	111 Pe		., Bal			
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# 23/ <b>V</b>	DHMH - 17 (VR A15 ME (5))		NERAL DIRE	ctor ineral H	ome 280	1 7th	st.N	E.I	oc II	UN O	3 1185	TRAR BLARE	GIARAR'S	SIGNATURE	

STATE OF MARYLAND



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

1.	FOR - STATE REGISTRAR		DEPARTM		EALTH AND MENT HYG CATE OF DEATH		5 2. .NO.	0 0		
(TYP)	CEASED NAME FELT	IPA XZQV 11. ŘÁCE	B.	Feti J. Date o	ALARZA	5-8-85	6:51	P.M.  HUNDER I YEAR	26 HOUR 6:51 F	
3. SE	FEMALE	CAUCAS			23, 191 T		73 YRS.	MONTHS DAYS	HOURS M	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) PERU	76 CITIZEN OF WE	HAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CIT	_			
	Riverdale	Lela:	nd Memor	rial	R OTHER INSTITUTION	174 USUAL OCCUP	EWIFE		OF BUSINESS	
130		DR OTHER INSTITUTION, GIVEN THE STATE OF THE	ADELP	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [	13e.STREET ADDRE 7111 2	SS / ZIP COL	LACE	20783	
14 F.	ATHER'S NAME FIRST MIGUEL	MIDDLE	ALTÁZÁI	R	15. MOTHER'S MAIDEN NA FRANCISC	Å		sδ	To	
	WAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN) (IF YES, G	IVE WAR OR DATES	577-64			UGHTER AD CARRILLO	DRESS SA	ME AS	13	
	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
CERTIFICATION	190 DATE OF OPERATION			200	N WAS PERFORMED	200 AUTOPSY?	20b IF YE	ES, WERE FINDI	NGS USED	
MEDICAL CER	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN) 71d INJURY OCCURRED	EATH HOUR A.M.	MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	bell cy		
ME	WHILE NOT WHILE AT WORK	AT HOME, STREE	T, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY	5181	COUNTY	STATE	
	270 I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did r	on	5/8/ 198		d that in (my) (our) opinion	deoth occurred an th			e causes stated	
	226. SIGNATURE A - A	alottas	-wo		ATTENDING PHYSICIAN [	5/	27¢ DATE SIGNED 5/9-85			
	A. Dashottar				5632 Annapo	lis Rd., 4	7. Bla	2071 densbur		
23a	BURIAL, CREMATION, REMOVA  SPECIFY)  BURIAL	23b. DATE 5 / 1 1			OF HEAVEN	SILVER			MONT	

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

74 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV.BLVD., W., SILVER SPRING, MD.

DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAY 1 3 1985 Gran Jundon Hands

Cores Reprise of Perlin . 17 MAY 13 BES ... COMMENTER

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY

## FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

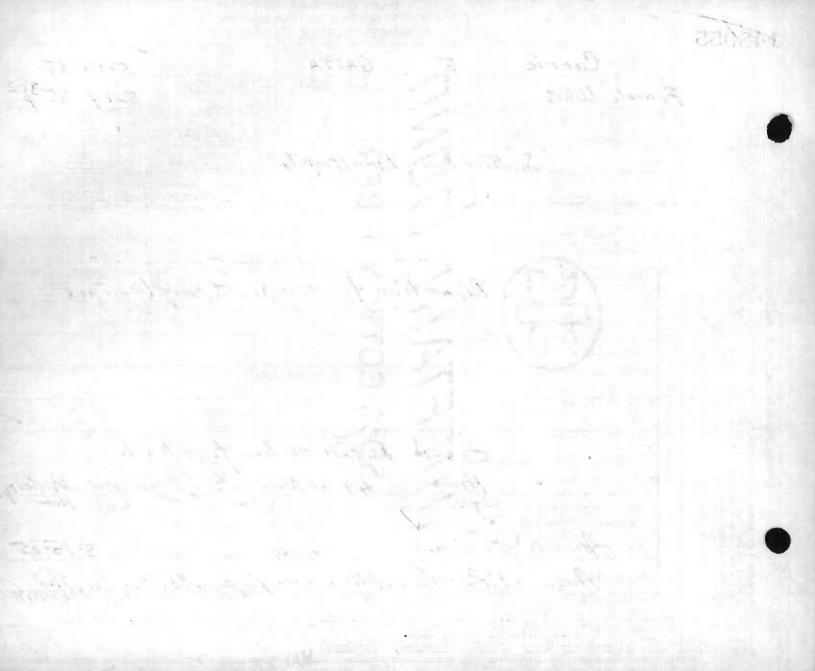
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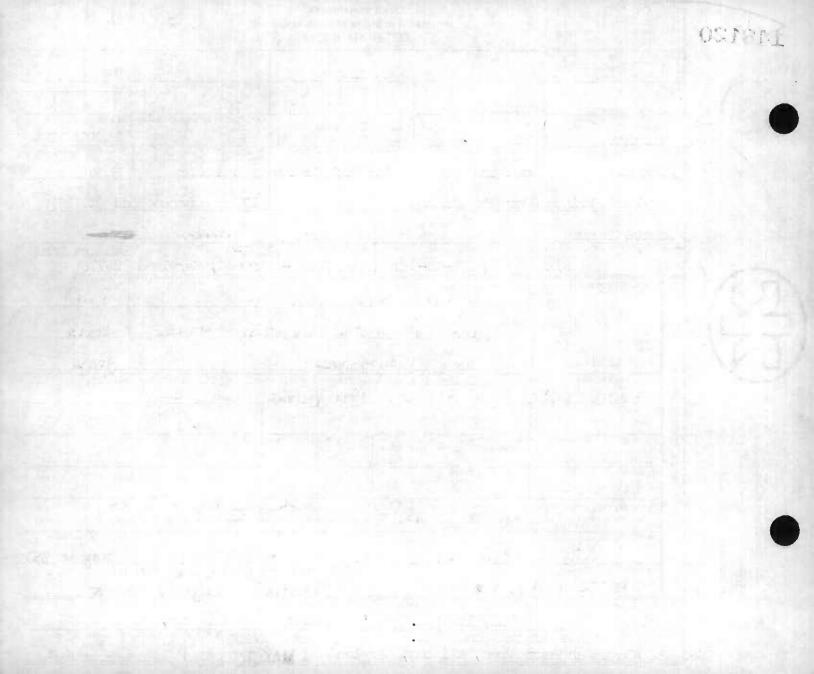
	1 -	REGISTRAR			CERTIF	ICATE OF D	EATH	REG. NO	) dis		•		
		CEASED NAME FI OR PRINT) Berth	irst 1a	MIDDLE	GAte	ly			MAY	15	85	13 B	M
	3. SE)	× Female	4. RACE Whi	te	5. DATE C		19'0'3	6. AGE (IN YEARS LAST BIR 82	YRS.	MONTHS		IF UNDER :	24 HRS MIN.
2	Î	RTHPLACE (STATE OR FORE) COUNTRY) Maryland	USA	WHAT COUNTRY?	WIDOWE	~	VORCED	Prince Georges					MD.
1		Laurel	(# NOTION	Ft Meade						GLIFE) 126. KIND OF BUSINESS OR INDUSTRY GOVT			SS OR
5	130. 5		Prince Georg	N. GIVE RESIDENCE BEFORE  131. CITY OR TOWN		13d. INSIDE C	NO 🗌	130 STREET ADDRESS A			2070	7	
5	.⊮4. F.A	Lorenzo D	MIDDLE	Pickett			s maiden na/	W heele			LAS	ii	
	- (	WAS DECEASED EVER IN 1 YES, NO OR UNKNOWN) (II	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	215 44		17. INFORMA		Lan 6 Pomono		eth,	Pike	esvil	le
		PART I. DEATH WAS	Enter only one couse p CAUSED BY: MEDIATE CAUSE (o)_	er line for (o), (b), and	uc.	CIFF	c	Caldia			APPROX BETWEEN	MATE INTER ONSET AND	VAL Md
	Z	Conditions, if ony, will gove rise to immed couse (o), stoting underlying couse	hich (b) DUE TO, (c)	OR AS A CONSEQUE  OR AS A CONSEQUE  CONTRIBUTING TO D	CO,	0			DITION G	GIVEN IN	PART To	0.	
7	CERTIFICATION	190 DATE OF OPERATION	N 196. CON	DITION FOR WHICH	200 AUTOPSY?	IN CER			NGS USED OF DEAT	H?			
9	(0)	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	YEAR	21c HOW IN	IJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM T	8 PART I O	RPART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATI	ÖN	CITY OR TO	IWN	C	OUNTY	S	STATE
	3	22a. I certify that (I) (the sow the deceased a obove, (I) (we) (did)	olive on H	2 8 195	75.	nd that in (my	(our) opinion	death occurred on the d	28 ote and h	_, 19 lour ond		that (I) (v	
		obove, (1) (we) (did) (did not) view the body after deoth.  27b. SIGNATURE  M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									2c. DATE 5-17	-85	
	1	Hassan A.					Landov	er Rd., Che	verl	y, M	D 20	785	
	-	BURIAL, CREMATION, REA (SPECIFY) BURIAL				e Ceme	tery	23d. LOCATION CITY OR TOWN Savage,			NIY		TATE
	24 F	UNERAL DIRECTOR  Donaldson Fu	neral Home	313 Tal	aurel	, Md ave		E REC'D. BY REGISTRAR					la la

DHMH - 16 50M 4/B3 (VRA 15, 4)

constant to this source

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH 2b. HOUR JIRECT.
JURECT.
JURY BILES
A 72 HOURS
TON STREET, TYPE OR PRINT ESTIarrie DEATH MATED S DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED July 15, 1907 77 DEAD 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! Prince George's County, New York USA ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Homemaker Home Clinton 136 COUNTY 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 4420 Morgan Road (20746) Prince George's Morningside NO [ 15. MOTHER'S MAIDEN NAME FIRST Joseph Tamagni Sabina Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-82-5796 Everett Gatta - Same As #13 A-E N/A No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURI YES 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH O . O P.M 5 - 10 21e PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201 220 I certify that I taak charge of the renders of tibed above, held on Autopsy Accident - La Undetermined manner Natural causes Hamicide SIGNATURE MEDICAL EXAMINER 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial May 17, 1985 National Memorial Park Falls Church, Virginia 07/84 25M 24. FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OHMH-17 (VR A15 ME (6633 Old Alexander Ferry Road, Clinton, Maryland 1000





FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL BY CERTIFICATE OF DEATH	GIENE 1 5 2	0 4
DECEASED NAME FIRST (TYPE OR PRINT) Frank	MIDDLE H.	Geiger	20 DATE OF DEATH MONTH D	S 85 26
Male	A RACE Caucasian	5. DATE OF BIRTH  MONTH DAY  06 21 91	a viole fundamental and	FUNDER LYEAR IF U
a. BIRTHPEACE (STATE OR FOREIGN COUNTRY)  New Jersey	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Dada - Carrena	
CITY OR TOWN OF DEATH  Laurel			124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Machinist	12b. KIND OF BL
OSUAL RESIDENCE (IF NURSING HOME OF 136 COU Maryland P		N 13d. INSIDE CITY LIMITS?	13 18 129 Kenny R	d. 2070
4 FATHER'S NAME		15. MOTHER'S MAIDEN N.	AME	

	(TYPE OR PRINT) Frank	Н.	Ge	eiger		05 15	85	355 M
	3. SEX Male	4 RACE Caucasian	S. DATE OF BI	RTH DAY VEAR 21 91	6 AGE (IN YEARS LAST BIRTI	YRS.	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
4	Ja. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED [	NEVER MARRIED	9 BALTIMORE CITY OF			
6	New Jersey	U.S.	WIDOWED	DIVORCED [	Prince Geo		0.	MD.
2	Laurel	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Greater Laurel	ADDRESS)		Machinis		RESTRY	F BUSINESS OR
1	13a. STATE 13b CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE DUNTY 13t. CITY OR TOW Laurel	N 13d	. INSIDE CITY LIMITS?	13181729DRESS	thý <sup>oo</sup> kd	. 20	707
/	14 FATHER'S NAME FIRST Xaver	Geiger Geiger	15.	MOTHER'S MAIDEN NA/ August			Mê	ade
1	160 WAS DECEASED EVER IN U.S.			INFORMANT	ADDRES		1100	
	Yes W	VK 714-05-	-4415 E	Edward Gei	ger Same	as 13e		
	PART I. DEATH WAS CAL	anly ane cause per line for (a), (b), an ISED BY:  UIATE CAUSE (a)  DUE TO, OR AS A CONSEQUI	15581	PINATURY BE SEAS	ARRES	7	APPROXIM	MATE INTERVAL ONSET AND DEATH
9	7 1000	IT CONDITIONS CONTRIBUTING TO:    N / A   196 CONDITION FOR WHICH			INAL DISEASE OR COND	20b. IF YES, WE	RE FINDIN	IGS USED
1		DEATH HOUR A.M. MONTH D.	AY YEAR	t HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUR	YES	OR PART 2)	но 🗌
	OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAMPLE)  21d INJURY OCCURRED  WHILE NOTIFY HILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC }	LOCATION	CITY OR TOW	/N	COUNTY	STATE
		ospital) attended the deceased from	RE /	not in (my) (aur) apinion (	death occurred on the do	te and haur and		that (I) we lost
	22b. SIGNATURE	Munh	MD	ATTENDING PHYSICIAN	MEDICAL STAF		5-	15-85
	22d, PHYSICIAN'S NAME (TY	PE OR PRINT	L, MD 22	ADDRESS A		4.0		

DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOR FIECK FUNERAL HOMEDING. 7601 SANDY SPRING Rd. LAURES Md. 20707 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial 23h DATE 5/18/85 23c NAME OF CEMETERY OR CREMATORY Evergreen Cem.

Elizabeth, NJ.

STATE

- we will work- Mandalle

should be detached far use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

O FUNERAL DIRECTOR

BP. DHMH - 16 50M 4/83

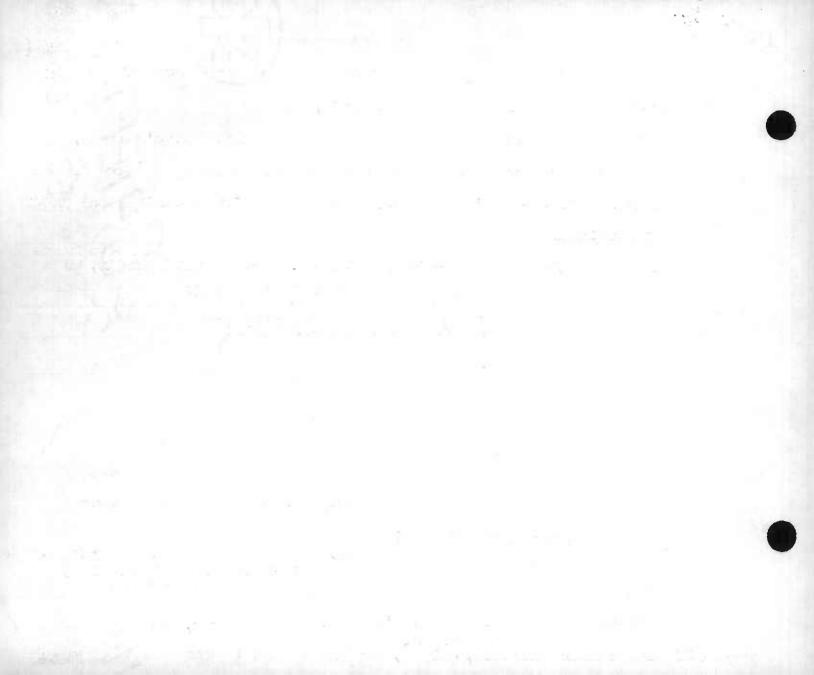
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MPORTANT: If Hem 21 is morked or Ite

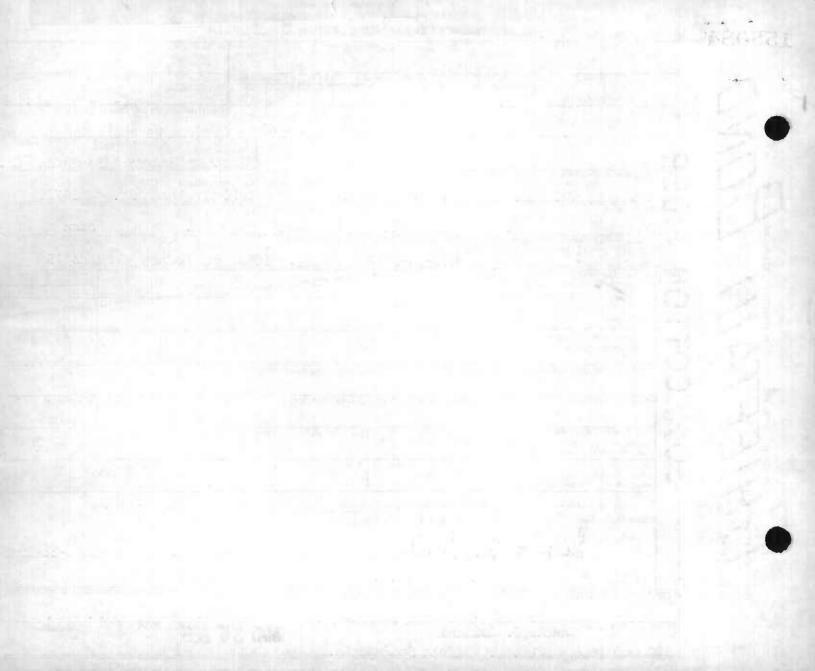
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIFI	CATE OF DEATH	REG	. NO.	10.00		
DECEASED NAME	FIRST	MI	DDLE	LA	51	2a. DATE OF DEATH	н мом н	DAY	YEAR	26 HOUR
,	SUMI		·	GIE	SON		MAY	26	85	6:38p/
. SEX		4. RACE		S. DATE OF	BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UN	DER TYEAR	IF UNDER 24 HRS
Female		Orienta	1		er 15, 1936	48	YR		DATE	HOURS MAN
BIRTHPLACE (SI	ATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY	8.	☐ NEVER MARRIED ☐	9. BALTIMORE CIT			DEATH	
Japan		USA		WIDOWED		Prince G	eorge'	s Co	ounty	, MI
O CITY OR TOWN	OF DEATH	11. NAME OF H		NG HOME OF	OTHER INSTITUTION	12a USUAL OCCUP	ATION	12	b. KIND C	OF BUSINESS OF
Andrews 2	Air Forc		FACILITY, GIVE STREE  Malcolm		SAF Hospital	Waitres			ndustry	Service
JSUAL RESIDENCE	IF NURSING HOME OR	OTHER INSTITUTION, G	IVE RESIDENCE BEFOR	RE ADMISSION)						
Maryland	Prince	George	S Fores	stville	13d INSIDE CITY LIMITS?	4355 FO			Road	1 (20747
FATHER'S NAME	TIMEC	OCOLGC I	o rore.	300111	15. MOTHER'S MAIDEN NA		LCDCVA	-110	11000	(20/1/
FIRST CONT.	Okamoto	WIDDLE	LAST		Unknown	MIDDE	E		LA	ST
Sell JI		MED FORCES? I	66. SOCIAL SEC	URITY NO	17. INFORMANT	AD	DRESS 1/	105 N	TOTT2	Avenue
LYES, NO OR UNKNO	WN) I F YES, GIV	E WAR OR DATES)	216-70-		Karen S. Gi		itol H			
No	N/A				Natel 5. Gi	DSON Cap.	LUOI I	10191		
	DEATH (Enter on ATH WAS CAUSE)	ly one couse per li	ne for (0), (b), o	nd IC .1 CA	RDIORESPIRAT	ORY ARREST		-	BETWEEN	ONSET AND DEATH
		E CAUSE (a)	land	COTTES/3	malory a	nast				
					NOT RELATED TO THE TER/	200 AUTOPSY?	20b IF IN CEI	YES, WE	RE FINDI	NGS USED S OF DEATH?
210. ACCIDENT	AS UNDERLYING	] 216. TIME OF			21c HOW INJURY OCCUP		-	- Lond	OR PART 2)	
OR CONTRIBUTIN	G CAUSE OF DEA	(In	. MONTH D	DAY YEAR						
21d. INJURY O	FY MEDICAL EXAMINER	21e. PLACE O		19	21f LOCATION					
WHILE	NOT WHILE	LAT HOME, STREE	T, FACTORY, OFFICE,	FARM, ETC )	STREET	CITY C	RIOWN		COUNTY	STATE
AT WORK	AT WORK			/ 00/	Mo.	4 - 4	Ma		0.~	
		tal) ottended the	deceased from	Á	may 19 X 8	5 10 1 26		_, 19.2		that (1) (we) los
obove, (I)		t) view the body o			that in (My) (aur) apinion	aeoth accurred on th	e dote ontd			
226. SIGNATIV	PATR	ICIA LYN	N VERHUI	LST D	EGREE	HEDIC	7.455		22c. DATE	SIGNED
10/11	hica	Tyum	66.6	wey	MD ATTENDING PHYSICIAN	MEDICAL S	STAFF		21	May 85
226. PHYSICIA	Y'S NAME (TYPE O	R PRII			22e ADDRES MALCOI	M GROW US	AF MED	CEN	TER	1
V VIII	CHULST				ANDREW					
3a BÚRIAL, CREMA			230	NAME OF CE	METERY OR CREMATORY	23d LOCATION			-	
Cremati						CITY OR TOW	1			STATE
	n n	Masy 30	1985	Teale (	remators	07 '			UNIY	
					Crematory 250 DA	07 '				
Old Alex	OR Lee F	uneral H	ome, Inc	c.	25a DA		Mary AR 25b. REC	zlanc ISTRAR		TURE



			FOR	-660 (1/2)		DEPART			ARYLAND M		YGIENE	15	2 0	ó	
4	CALON	יו	- STATE REGISTRAR			MEDICAL	EXAMIN	ER'S C	ERTIFIC	0	F DEATH	REG. I		•	
15	50840		DECEASED NA			MIDDLE			LAST		2a.	DATE KNOWN OF ESTI-	MONTH	DAY YEA	AR 2b. HOUR
	METESSARY, PLEASE UNERLIDECTOR. HOP YOUR FILES. WITHIN 72 HOURS UNESTON STREET,			TH	HOMAS MT	CHAEL	GILLES	SPIE				EATH MATED	5-4	21-85,	M
s#	SE SES	3 3	SEX	4. RACE	S. DAIL OF B	IRTH DAY YEAR	6. AGE (IN YEA		DER 1 YR.	HOURS		DATE	HTMOM	DAY YE	AR 2d. HOUR
	ON SURVEY	1 4	ale	White	Dec. 1	1951	33 YR					DEAD		1-859	8:19
	RAIL	10	BIRTHPLACE FOREIGN COUNTI	(STATE OR RY)	76. CITIZEN C	P WHAT COU	INTRY?	8. MARRI	ED NE	VER MARR	IED X 9. B	ALTIMORE CITY	OR COUN	TY OF DEATH	
	SAN A	110	lashing	ton. D. C	us			WIDOW		DIVORC	ED D	rince Ge	eorge!	s Coun	tv MD
	25032	10.	CITY OR TOW	N OF DEATH	11. NAME OF	HOSPITAL, NI	URSING HOME	, OR OTH	ER INSTITU	TION	12a USUAL FORMOST	OCCUPATION (1 OF WORKING LIFE)	TYPE OF WORK	126 KIND OF OR INDU	BUSINESS
	Bosh A		iverda		Lelan	d Memor	rial Hos	spita	1			ict Mana	ger	Southl	Land Co.
5	25200		UAL RESIDEN	CE (IF IN NURSING HOME 1136, COU	OR OTHER INSTITUTE	ON, GIVE RESIDENCE	CE BEFORE ADMISSION		13d. INSIDE C	TTY LIMITS?	13e STREET	ADDRESS			
2120	名を記して	201	arulan		Geo.		Hyattsv.	ille	YES 🗌	NO 🗆	2012 1	Ian Bure	n S.t.	207	182
WD.	A SESSION TO	J 34.	FATHER'S NA	ME	MIDDLE		LAST			ER'S MAID		MIDDLE		LAST	
12	OF SEE	7	Thoma	\$	Μ.	Gil	lespie			Ann		Μ.		Moran	
IMO	FPAGI FORM ON O	160	WAS DECEA	SED EVER IN U.S. A	RMED FORCES?		OCIAL SECURITY	'NO.	17. INFOR	MANT		ADDŖE	SS		
ALT	\$5+90 W		No			216	-58-521	6	Ann 1	M. Gi	llespie	e Mothe	r Sar	ne as 1	13
2	88× 0		# 18 CAUSI	OF DEATH (Enter o	inly one cause pe	er line for (a), (l	b), and (c).)							APPROXIA BETWEEN O	MATE INTERVAL NSET AND DEATH
N N	A 24 HO A ITE A LON TI PEIN YGIE	1	PARII	DEATH WAS CAUS	ED BY: ATE CAUSE (a)_	Fat	ty Live	r							
STO	N A P P P P P P P P P P P P P P P P P P	1				O, OR AS A CO	NSEQUENCE (	)F							
8	A A A REA	100		tians, if any, whic rise to immediat					- OV						
≥	UTED WITHIN 24 H IN PENCIL IN ITEM EXAMINER ALCI RIAL - TRANSIT PEN D MENTAL HYGIE ON, OR REMOVAI			(a) stating the <u>under</u> cause last.	DUE TO	O, OR AS A CO	NSEQUENCE C	)F							
. 20	ON SERVICE	20			(c)_										5.00
DIVISION OF VITAL RECORDS, 201 W. PRESTON	JULD BE EXECUTED "PERDING" IN PRICE MEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL FEMELY AND MEDICAL CREMATION, CAL, CREMATION, CAL	1		R SIGNIFICANT CONDITION	S CONTRIBUTING TO 1	DEATH BUT NOT RE	LATED TO THE TERM	NAL DISEASE	DR CONDITIO	N GIVEN IN PA	ART 1 (a),				
REC	EAA ME	7	19a. DATE	OF OPERATION	19b. CC	NDITION FOR	R WHICH OPER	ATION W	AS PERFOR	RMED?			<del>(1)</del>	20 AUTOP	SY?
Z.	CERTIFICATE SHOULD STRING THE WORD "PEI ODED TO THE CHIEF WE ST SHOULD BE USED A EDRARTMENT OF HEAD IP PRIOR TO BURIAL, CO	1												YES [	
7	WO WO	7	21a. EXTER	NAL CAUSE WAS		AE OF INJURY		21c. HC	OW INJURY	OCCURRE	D (ENTERNATU	RE OF INJURY IN ITEM	18 PART 1 OR PA		A NO L
N	A H L L			NG OR JTING CAUSE OF		P.M.	H DAY YEAR								
ISIO	PRICE THE PRICE	7	21d INJUR	Y OCCURRED	21e PL	ACE OF INJUR	Y (AT HOME,		CATION				31 11 1		
20	00 5 6 6 6 6		WHILE AT WORK	NOT WHILE	STREE	T, FACTORY, FARM,	ETC.)	5	TREET		CII	Y OR TOWN	co	YTAUG	STATE
	E. THI RWA R. PAC S. STA	37		ertify that I taak chai	of the compi	es doeseibad ab	b-14	Autops	x X.	Inspectio			- 1:		
	ECERTIFICATE, DUCB BE FORV L DIRECTOR: F, WITH THE S' MARYLAND,			,	ural causes	. Accident		cide	, Hamie			ned manner	and in my a <sub>l</sub>	pinion	
	EXAMII CERTIFI ULD BE DIRECT WARYLY		deamires	A,	oral caoses	. 11	, 301	cide		SPECIFY)	Ondetermi	ned manner	,		
	CAL EXA THE CER SHOULD SHOULD SATH, WI SE, MAR		ACTUAL SIGNATUI	E MOIN	2 to. A	1/2	NU	44	,		ntmedical	EV ALL DED	DATE	5_	22-85
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	7			- 50 W	0.0	<del>~</del>	M.					SIGNI	ED	<u> </u>
	TO MEDIC EXECUTED PAGE 4 S TO FUNE AFTER DEA	1	EXAMINER (TYPE OR F	R'S NAME Mar	garita	A. Kore	211,M.D.		ADDRESS_	111 P	enn St	reet			
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAI	230	BURIAL, CREA	MATION, REMOVAL	23b. DATE	23c.	NAME OF CEA			ORY	23d. LOCA	IION		AITY	
07/84	BP1172		(SPECIFY) Buria	P	May 25	1085 0	Cato of	Heav	010		Silvi	er Sprin	g Mo		t.
25M	DHMH - 17	24	FUNERAL DIF		is J. Co		wee of	11666	eri	25a. PA E	REC'D BY REC	1985 256 RE	GISTRAR'S	SIGNATURAL.	
	(VR A15 ME (5))	ı		vorsitu B			r Sprin	a_Mc	d	JW/	11 0 1	200			



	10 a					· STAT	E OF M	ARYLAND			Contract Con	
4	02020		FOR STATE		C	EPARTMENT OF H	HEALTH	AND MENTAL H	TYGIENE	5 2	0 7	
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/			CEASED NAME	FIRST		WIDDLE	ı	AST	Zo. DATE		INTHE DAY YEA	AR Zb. HOUR
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BALTIMORE,	FA F SSS		No	(# 163, GIVE WAR O	K DAILS)	579-38-650	7	Michael (	Filtrud -			
3	MES AN WITH PACE		IR CAUSE OF DE	ATH (Enter only one	cours per lind	for (a), (b), and (c).)		************	all of dd -	Colum		21045
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Ž	OEP DEP	MEDICAL			STREET, FACTO	DRY, FARM, ETC.)		REET	CITY OR TO	WN	COUNTY	STATE
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	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNEAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND	23a BI			ATE	23c. NAME OF CEM			123d. LOCATION		111	5711
		15	PECIFY) Burial	Jun	e 4, 19				CITY OR TOWN		COUNTY	SIDEY 0
07/B4 25M	BP	24 FI	INFRAL DIRECTOR	TT - TT	4, 19	of Ft. Lin	coln	Cemetery	REC'D. BY REGISTRA	R 1756 REGISTRAL	myland	
	DHMH - 17		NAME	Howard H	alesonla	nham, Funera	1 Hom	10	A REGISTRA	A COB REGISTRAL	. SIGNATURE	
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STATE OF MARYLAND 134611 FOR DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME 2b. HOUR TYPE OR PRINT MAY 3, 1985 7:30 P SARAH GLENN E. 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF LINDER LYEAR IF UNDER 24 HRS HOURS APR. 16. 1927 **FEMALE** BI ACK 58 To. BIRTHPLACE ISTATE OR FOREIGN LOUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CAROLINA PRINCE GEORGE U.S.A. WIDOWED DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION OUSEWIT FEMOST OF WORKING LIFE) INDUSTRY 2008 TRAFALGAR DRIVE FT. WASHINGTON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 132008 TRAFALGAR DRIVE MARYLAND PR. GEORGE 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME HICKS LAST BENN IE KATTE HAWKINS ADDRES . Washington, MD 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) ROBERT GLENN, 2008 Trafalgar Dr. 231-32-8589 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: nalignant 14 More month DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO [ ntal Hyg 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED | LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 A 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION 0 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK OCYChep 22a.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on. , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING \_ MEDICAL STAFF should be deto IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPEOR PRINT 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE I SPECIFY) Suitland, May 7, 1985 BURIA BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 Alexandria, Va. (VR A 15 (4))

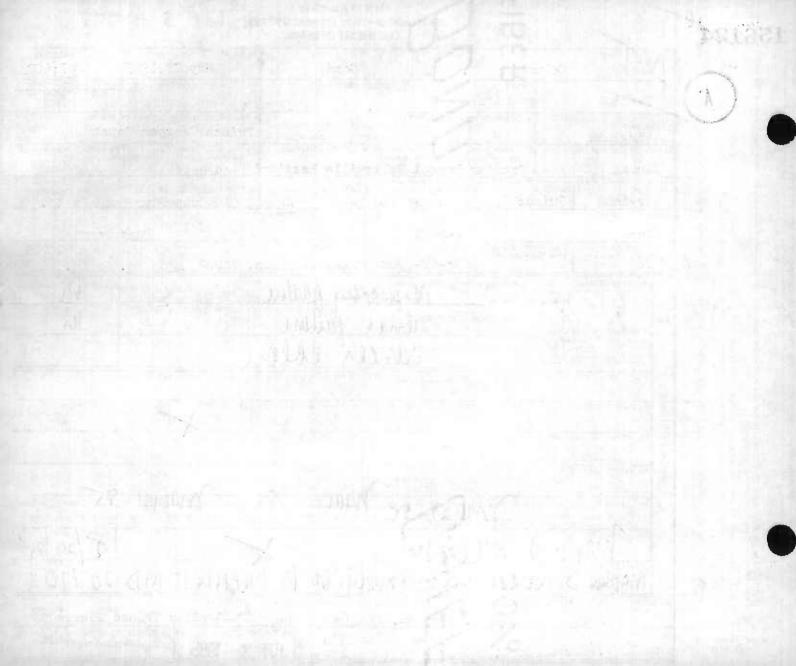
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR									D.			
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3. SEX			4 RACE		5. DATE C	OF BIRTH		AGE (IN YE		THOAY)	IF UNDER 1 YEAR		R 24 HRS
	Female		Cauca	sian	Jan	$9^{\text{AY}}$ , 19	O O	85		YRS.	ONTHS DAYS	HOURS	M.IN.
7a. BIF	RTHPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARR	9	BALTIMO	E CITY O	R COUNTY	OF DEATH		
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	TY OR TOWN OF DEA	ATH			ING HOME C	OR OTHER INSTITUT	ION 12	a USUAL C	CCUPAT		126. KIND		
Ηv	attsvill	6		H FACILITY, GIVE STREE Adelphi		đ		Sales			Peop		Sto
	L RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	or State of the last				ZIP CODE	12 00 p		000
	ryland	P.	_	Hvatts		YES TO NO					Road	20	782
	THER'S NAME				J V 11 11 1	15. MOTHER'S MA	IDEN NAME						,02
Wi	illiam	= 11 '	MIDDLE	Hope		Blanch			WIDDLE			nown	
	AS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17. INFORMANT		NO.	ADDRE	ss 6325	Maye		rive
Ne	ES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	578-26-	3545	Mrs. Bla	nche (	G. Bis	hoff	Mecha	nicsv	ille.	Va.
	18. CAUSE OF DEAT PART I. DEATH W	H.E.					1		7	7		XIMATE INT	
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4739 Baltimore Avenue, Hyattsville, Md.

BP.

TO FUNERAL DIRECTOR: After

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21101

DHMH - 16 50M 4/83

(VRA 15, 4)

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578-26-2515 Ure. Wispens G. Haboff Mechanicaville, Va.

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Crowstion June 3, 1983 Ft. Lincoln Crematury Drentwood . P.C.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE

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1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND I CERTIFICATE OF D		REG. NO.	*
1 DE	CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF D		EAR 2b. HOUR
	E 1/A	D	Gille		5 30 8	5 100
3. SE		4. RACE	5. DATE OF BIRTH	6 AGE LINYEAR	RS LAST BIRTHDAY) IF UNDER	I YEAR IF UNDER 24 H
3. 30	F	White	OP OT	VEAR 82	MONTHS	DAYS HOURS M
	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED WEVER	MARRIED !	CITY OR COUNTY OF DEA	тн
₩c.	Altimore ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	WIDOWED DI  WESING HOME OR OTHER INSTITUTE ADDRESS)	ITUTION 120. USUAL OC	CUPATION 12b. K	IND OF BUSINESS
LA	-ArGU	MAnor CAT	E LATGO	Home	5MAKIST	
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN MA			ITY LIMITS? 138.STREET AD 5009	DRESS / ZIP CODE RUSSETT RD	(20853)
14. FA	ATHER'S NAME AT BEAT	MIDDLE ROSEN he	9	S MAIDEN NAME FIRST EBECCA	MIDDLE GOT.	DSTEIN
			SECURITY NO. 17 INFORMA		ADSTOO9 RUSS	
1	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	12-4561-A IE	ROME HYMAN		RING MD
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	DBY.	ond (c) O	A)		APPROXIMATE INTERVAL TWEEN ONSET AND DEA
	IMMEDIA	TE CAUSE (o) Ca)Ca	uo- ruem	many A	U WS I !	
		DUE TO, OR AS A CONSI	EOUENCE OF	7. Your	o tion -	
	Conditions, if any, which gave rise to immediate	(p) Wido	caranac	maria		
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSI	nong Av	tery Dis	use	
NO NO	PART 2 OTHER SIGNIFICANT OF	C /2 ~ OLI	TO DEATH INTINOT RELATED	TO THE TERMINAL DISEASE O	OR CONDITION GIVEN IN PA	i di su
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFO			FINDINGS USED AUSES OF DEATH? NO []
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 21c HOW IN	JURY OCCURRED (ENTER NATUL		ART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 211 LOCATK	ON .		
WEI	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF			CITY OR TOWN COU	VIV STATE
	22a   certify that II (this hospi	5-30	F 2 w	(our) opinion death occurred	on the date and hove and from	that (I) (we)
	27% SIGNATURE	iview the body ofter death.		ATTENDING MEDICAL PHYSICIAN X DIRECTOR	STAFF PHYSICIAN	DATE SIGNED
	RAKES	MARO!	RA 143		NTFOXL	N#2
-	BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF CEMETERY OR	CREMATORY 23d. LOCATI		
23a 1	(SPECIF BURIAL	6-2-85	B'NAI ISRA	EL CEM.	BALTIMORE,	MD.
	UNDANZANSKY-G			EL CEM.	GISTRAR 256. REGISTRAR'S SI	MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

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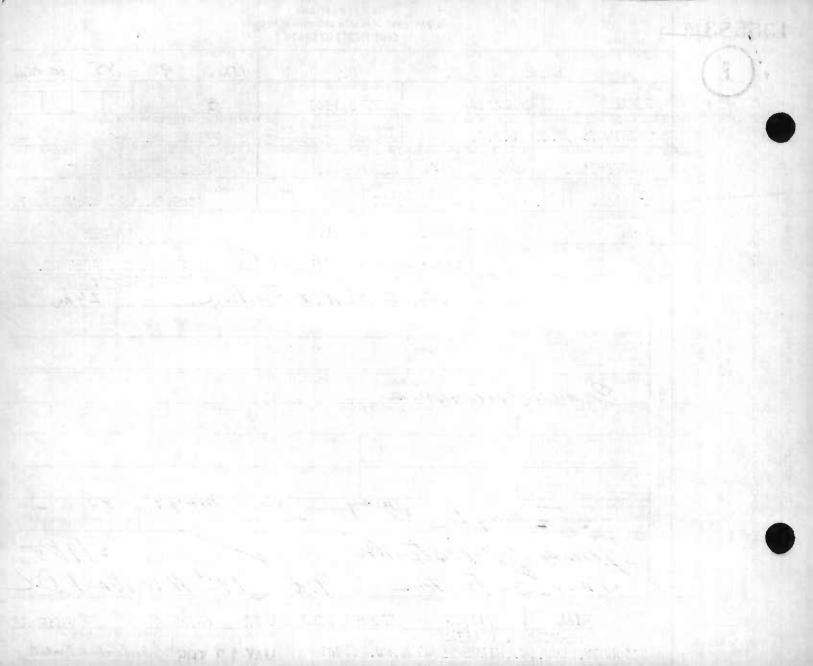
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158025	1	REGISTRAR	M	EDICAL EXAMI	NER'S CERTIFIC	ATE OF DEATH	REG. NO.	
(a)	{141	CEASED NAME FIRST		C	Golden		H MATED 15	DAY YEAR 7b. HOUR  - 2019 SS M DAY YEAR 2d HOUR
\$ 0000 A		male White	Aug 17	1913 71	EARS IF UNDER 1 YR. DAY) MONTHS DAYS (RS.	HOURS MIN PRONO	INCED 5-J	0 10 85 8PM
N WITH	Wa	RTHPLACE (STATEOR REGISTRON DC	United	WHAT COUNTRY?	MARRIED NEV	DIVORCED	MORE CITY OR COUNT	rengl MD.
TOELAY IS 3 TO THE TO BE FILED	16	Y OR TOWN OF DEATH  LILLY  AL RESIDENCE (IF IN NURSING HOM)	SE OO	OSPITAL, NURSING HON	aspecto /	frue Check	ORKING (IFE)	y Store
IF ANY DEFENDE	13a. S	aryland Pr		Clinton	13d INSIDE CI YES 🗆	NO   8600 I	RESS 1 Shapiro	Drive 20735
DRE, MC DEATH. GES 1, M PN AND	1	Salvatore	MIDDLE	Cardia	C	R'S MAIDEN NAME ecilia		orge
SALTIMORE RS AFTER DEA S. GIVE PAGES WITH FORM P DIVISION P		VAS DECEASED EVER IN U.S. A ES, NO. OR UNKNOWN) (IF YES, GI	RMED FORCES? /E WAR OR DATES)	578-20-		ph F Rizzo		sex Drive
W. PRESTON ST.  VUTHIN 24 HOL  PENCIL IN ITEM 18  ANNER ALONG 1  TRANTAL HYGIENE,  OR REMOVAL.		Conditions, if any, whice gave rise to immedia cause (a) stating the underlying cause last.	ED BY: ATE CAUSE (A)  DUE TO  (b) DUE TO, (c)	DR AS A CONSEQUENCE	OF OF	diovas cal	ed direa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VITAL RECORDS, 201 SHOULD BE EXECUTE ORD "PENDING" IN FOLIEF MEDICAL EXE CHEF MEDICAL EXE CHEF AND MEDICAL EXE TOF HALTH AND ME URAL, CREMATION,	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION		DITION FOR WHICH OPE				20. AUTOPSY?
NOF THE WOLD BY STOB		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH P	OF INJURY .M. MONTH DAY YEA .M. 19	AR	OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR PA	YES NO (2)
= > 40 50	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK		E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	21f LOCATION STREET	CITY OR	TOWN CO	UNIY STATE
AINER: FICATE SE FOR CTOR: HTHE S		220. I certify that I took cha death resulted fram: Nat ACTUAL SIGNATURE	rge af the remains o ural causes ,		Autapsy , , urcide , Hamic	PECIFY)	manner ,	-
TO MEDICAL EXAMENCE A SHOULD FOCE A SHOULD FOUNERAL DIRE AFTER DEATH, WITH A SHORT WITH A SHORT WITH A SHORT WAS A			to P. Rodri		ADDRESS		Ct., Temple H	ills, Md
07/84 BP		URIAL, CREMATION, REMOVAL  Bu rial	23h. DATE 23May85	Cedar	Hill Ceme	etery Sui	tland Po	Md
DHMH - 17 (VR A15 ME (5))		obert E Wilhe	elm Fune	ss Suitlan eral Home	d Road Maryland	MAY 3 1 1985	PAR ASS REGISTRAP'S S	- Market



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25 7/1		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	- In Hook
* * * *	,	Mott		Gr	2 ham		5-4-8	2 / A-M
and a	1. SE		RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT		
oge 4 visitor		Male	Black	MONT	-12-16	69	YRS. MONTHS DAT	
4 50 /5//	7a Bi	RTHPLACE (STATE OR FOREIGN )	76. CITIZEN OF WHAT COL	JNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
19 11 16	20	oth Carolina	U. 7. 1.	WIDOW	DIVORCED	1.6	Actual III	MD.
4 19 40	10 C	an ham, md	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GF		OR OTHER INSTITUTION	179 USUAL OCCUPATION (TYPE OF WORK FOR MOST O		
1 25	USU.	AL RESIDENCE (IF PURSING HOME OR C	OTHER INSTITUTION SIVE RESIDEN	OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	0855
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1 10 1/	,		une 579-	09-3941	Anna Gra	ham 5m	mes 035 13	E
# 00 m		18 CAUSE OF DEATH (Enter only	v ane cause per line far (a)	(b), and (c),)			APPS BE1W6	ROXIMATE INTERVAL
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to the control of the control	z	PARI 2 OTHER SIGNIFICANT CO	DIVIDIONS CONTRIBUTIONS	NG TO DEATH BUT	NOT KELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	IIa
1 1 1 2 2	IRCATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	IDINGSTISED
1 11 2	PE PE	DATE OF OFERATION	THE CONDITION TOR	WINCH OF EXAMO	THE STERI ORMED		IN CERTIFYING CAUS	SES OF DEATH?
3 11 34	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tal. How his py occur	YES NO	YES [	NO 🗌
A SPERG	0	OR CONTRIBUTING CAUSE OF DEAT		TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM TO PART TORPART	2)
9 50117	2	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
0 100 0	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE
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A SEC		220.1 certify that (1) (this haspite	al) attended the deceased	fram 1	19	1. 10	19	_, that (I (we) last
2 4 4 5 4 4 5		moave, (I) (we) (did ) did not	Wow the body after day	T9, a	nd that in (my) (aur) apinian	death accurred on the do	ate and have and from t	the causes stated
A SECTION AND A		226. SIGNATURE	Triew life bady differ deali		DEGREE		22c DA	ATE SIGNED
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E # 8 8 8 4 1	1	224. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e. ADDRESS	DIRECTOR PHISIC	IAN LI	104
28 28 E		J. C 1	ima		93% ym	war. Las	1111 600	•
0 8 0 8 1 3	-	Albuny Coemation of		122 11415 55			1.21. 1.21.	
	730.	KURIAL, CREMATION, REMOVAL	23b. DATE 5-9-85		EMETERY OR CREMATORY	13d LOCATION BITY OR TOWN	COUNTY	Midale
BP	24.5	INTERNAL PROPERTY OF				1,0	P. 0	1900
HMH - 16 50M 4/83	24 FI	UNERAL DIRECTOR	, 4923	- 13 U 12 19	00943	TE REC'D. BY REGISTRAR		
(VRA 15. 4)	1/1	5. Washington	- 3045	40	W- NE	and or annual	P . F	10 Japan 11

135583/0	4.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT	TÁBHYGIGNI TH		<b>5</b> 2.	14	
	(TYPE	CEASED NAME ORPRINT)	IREN	E	E.	L	GUY	20.	May		DAY YEAR - 85	26. HOUR
~		FEMALE		4. RACE CAUCAS I	AN	S. DATE C		YEAR	GE (INYEARS LAS	T BIRTHDAY}	MONTHS DAYS	IF UNDER 24 HRS
neral dir in 72 hou		RTHPLACE (STATE ORF		16. CITIZEN OF		MARRIE	NEVER MARR	RIED 'L	PRIN	Y OR COUNT		MD.
201 irs after of by the fulled with filled with	ŧ	TY OR TOWN OF DEA YATTSVILLI	5	CARROL	L MANOR	NURSIN	R OTHER INSTITUT		USUAL OCCUP	ATION OST OF WORKING	126. KIND O	F BUSINESS OR
in 24 hour in 24 hour y filled in thould be seemust be	130. S	MARYLAND	136 COUN PRI.	OTHER INSTITUTION. ITY GEO	13c. CITY OR TO	SVILLE	134 INSIDE CITY LI		STREET ADDRE	ss 00 RUSS	SELL AVE	NUE 20782
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BALTIMORE cate be exect special and c	160 \	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	214-32	2-8705	17 INFORMANT KATHLEE	FRIEI N MERK	LE 2301		IS CHAPE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON S NG PHYSICIAN: The low requires that the death cei attending physician. frer this certificate has been signed by the attending as the buiol-transit permit. Then please remove carbo th and Mental Hygiene prior to burial, cremation, or ra arked at Item 18 shows any injury, at ather traumatic.	CERTIFICATION	Conditions, if ony, gove rise to imm couse (0), stating underlying couse	which nediote g the lost.	(b)	mon	O DEATH BUT	NOT RELATED TO T	P 2	DISEASE OR CO	20b. IF YE	VEN IN PART 11c	GS USED
SICIAN: The opposite of the op		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY					
UG PHYS offending ter this c is the bur h and Me	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ED	21e. PLACE			21f. LOCATION STREET		CITYO	RTOWN	COUNTY	STATE
HOSPITAL OR ATTENDIO bined by the hospital or or EUNERAL DIRECTOR: A build be detached for use th the State Dept: of Heal PORTANT: If hem 21 is m		22a. I certify that (I) saw the decease obave, (I) (with (d) 22b. SIGNATORE	(this loop it d plive an id) (did	H-view the body			EGRE ATTEN	IDING _ M		TAFF	ur and from the o	that (I) Love) lost causes stated
Bb———Bb———	(5	URIAL, CREMATION, F SPECIFY) BURIA	L	23b. DATE 5/11	1/85		METERY OR CREM	IAL PK	3d. LOCATION CITY OF TOWN FAIR		COUNTY	VIRGINIA
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FU	NERAL DIRECTORFR 500 UNIV. B	ANCIS	W.,SILV	LINS ER SPRI	NG, MD.	20901	25a. DATE REC	1 3 100	A)	Davidson-	URE



FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR HALL (TYPE OR PRINT) DETROIT 05 - 14 - 8511.08PM 5. DATE OF BIRTH SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DECEMBER 10 1919 BLACK YRS 9 BALTIMORE CITY OF COUNTY OF DEATH PRINCE GEORGE'S To BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NORTH CAROLINA U-S-A-WIDOWEDV O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR PRITICE GEORGE'S GENERAL HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CHEVERLY PRIVATE LABORER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) P.G. 13d INSIDE CITY LIMITS? ABORER FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE EAST LULA "WEAVER SAMUEL HALL: ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) RUBY JORDAN 1112 ELSA AVE HIGHLAND PARK MD 579-16-3032 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Pla MURLOMA AND SEPSIS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF LOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE WHILE NOV. may 85 22a.1 certify that (1) (this haspital) attended the deceased from. MA4 13 saw the deceased alive an\_ and that in (my) (aur) opinion death accurred on the date and havr and from the causes stated obove, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS HOSP DR. CHEVERLY KOBERT IT BELL 23a BURIAL CREMATION REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

FUNERAL old be dete

MPORTANT

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(VRA 15, 4)

BURIAL

24 FUNERAL DIRECTOR

.B. JENKINS F.H. 7474 LANDOVER RD LANDOVER MD

5/20/85

HARMONY MEMORIAL PARK

LANDOVER

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE · w kry ason- Handele

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0032		EGISTRAR UNKN. 85-	48 MEI	DICAL EXAM	INEK'S	CERTIFICATE	OF DEATH	REG. NO.		
		EASED NAME FIRST OR PRINT)		WIDDLE		(ASI	OF DEATH	NOWN X MON		HOUR
URS.	0.0014	Willi		Joseph		Hall		MATED LI 5	/ 23/ 19 85	11011
	3 SEX	4. RACE	S. DATE OF BIRTH	YEAR LAST BIR	THDAY) MONT		MIN PRONOUNG	CED	4:	:50
1	-	le Black	April 10	, 63 22	YRS.		DEAD	5,	/ 23/ 1985 A	1 1
LIA	FOR	THPLACE (STATE OR EIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY?	8 MARR	RIED NEVER MARR	P. BALTIMO	ORE CITY OR COL	INTY OF DEATH	
1	Was	hington, D.C.	U. S. A.			WED DIVOR		ce George	e's County,	ME
n	ID. CIT	Y OR TOWN OF DEATH		PITAL, NURSING HO		HER INSTITUTION	12a USUAL OCCUPA	ATION (TYPE OF WOI	OR INDUSTRY	SS
2		Greenbelt		orth Ave.		hbound	Unemploye			
1	USUAI 13a ST	RESIDENCE (IF IN NURSING HOME ATE 113 COUN		13c. CITY OR TOW		113d. INSIDE CITY LIMITS?	13e. STREET ADDRES	S	9949	,
/		. c.		Washingt	on	YESTE NO [	1807 13th	Street,	M. W.	
60	14. FA	THER'S NAME	WIDDIE	LAST		15. MOTHER'S MAID	ENNAME	DLE	LAST	
11	Ge	rald Hall	WIDDIE	LASI		Sylvia Ca		· v s.	5031	
2)	16a W	AS DECEASED EVER IN U.S. AS		166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS 80	7 13th ST, NW	V
5	(YE	Yes (IF YES, GIVE	E WAR OR DATES)	577-94-3	38777	Sylvia Ca	arter Hall.	Mother	, Washington	n,D
		18 CAUSE OF DEATH (Enter of	nly ane cause per line						APPROXIMATE INTE	RVAL
		PART I DEATH WAS CAUSE	D BY:			unshot Wour	nds		BETWEEN ONSET AND	DEATH
		IMMEDIA	( DUE TO, OR	AS A CONSEQUEN		aronoc wour	145			
		Conditions, if any, which							A CONTRACTOR	
	20	gave rise to immediate cause (a) stating the under		AS A CONSEQUEN	CE OF		51 7 7 11	75 410 -		
		lying cause lost.								
		PART 2 OTNER SIGNIFICANT CONDITION	(c)	BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIVEN IN B	APT 1 (a)		1	
			The state of the s	TO THE PARTY OF THE	LEMINAL VISEA	or convinue dista la L	net (19),			
7	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH O	PERATION V	WAS PERFORMED?		-	20 AUTOPSY?	
	FIC									
	ERT	21g. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	21c F	OW INJURY OCCURR	ED LENTER NATURE OF INILI	RY IN ITEM 18 PART 1 O		0 🗆
4		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M	MONTH DAY Y	EAR					
1	MEDICAL	CONTRIBUTING CAUSE OF	DEATH 4 . 4 ORAN	5/23/ 19 OF INJURY (AT HOM		subject sho	ot			
	ME			ORY, FARM, ETC )		STREET	CITY OR TOW	N	COUNTY	STATE
		AT WORK AT WORK	x roa	dway		nilworth Av	re, Northbo	ound, Gree	enbelt, Md.	
		22a I certify that I took char	ge of the remains desi	cribed above, held a	n Autor	psy 🗓 . Inspectio	on . Inquiry	, ond in my	y opinion	
		death resulted fram:	oral causes .	Accident	Suicide	Homicide XX	Undetermined mar	nner .		
		4	n/		000	TITLE (SPECIFY)				
		ACTUAL SIGNATURE	1			w.D. Assista	ant MEDICAL EXAMI	NER SIG	TE 5/23/85	
2		EVALUISO(C NI 115						0.0		
1		EXAMINER'S NAME (TYPE OR PRINT) GT	egory R. K	auffman.	M.D.	_ADDRESS	lll Penn St			
	23a. BU	RIAL, CREMATION, REMOVAL	236 DATE	23c. NAME OF	CEMETERY C	OR CREMATORY	23d. LOCATION		COUNTY STATE	
	(3)	BURIAL	30 May 85	Harmon		rial Park	Land ver			
37	24 FU	NERAL DIRECTOR	ADDRESS	1432 You	1777		REC'D. BY REGISTRA	75A REGISTRAR	SMANATING	
	W.	ERMEST JAKVIS	C)., INC.	, Washing	ton, I	coun o	4 1900) 94	INT/PONTAGES		
	_									

SEGORE

53 (5)

Items 18-22a 7/17/85 mtb Formant of Health and Mental Hygiene STATE OF MARYLAND 130540 - STATE ATE OF DEATH MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG NO I. DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) ESTI-Vincent DEATH MATED 19 85 JAMES HANCOCK 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED DEAD Male White May 30, 1926 58 19 85 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Washington. D.C. WIDOWED [ Prince George's County U.S.A. DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 4009 Gallatin St. Hvattsville Supervisor Print Shop 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 113b. COUNTY 13c. CITY OR TOWN 4009 Gallatin Street 20781 Maryland P.G. Hvattsville YES X NO [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Vincent Hancock Mary Flovd 17. INFORMANT Man WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Address Same as DIVISION PAGES (YES, NO, OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) No# 13e. Mrs. Edith D. Hancock 579-24-7285 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular disease IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T PAGE 3 SHOULD STATE OF SH 71g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN JIEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK X PACE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: NETER DEATH, WITH THE S 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Notural causes Accident Suicide Hamicide \_\_\_ Undetermined monner death resulted fram: TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 5-5-85 SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY STATE Burial May 7.1985 Fort Lincoln Cemetery Brentwood Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE **DHMH - 17** with wall thank- France 12. F. Gasch's Sons F.H. P.A. Hyattsville. Maryland (VR A15 ME (5))

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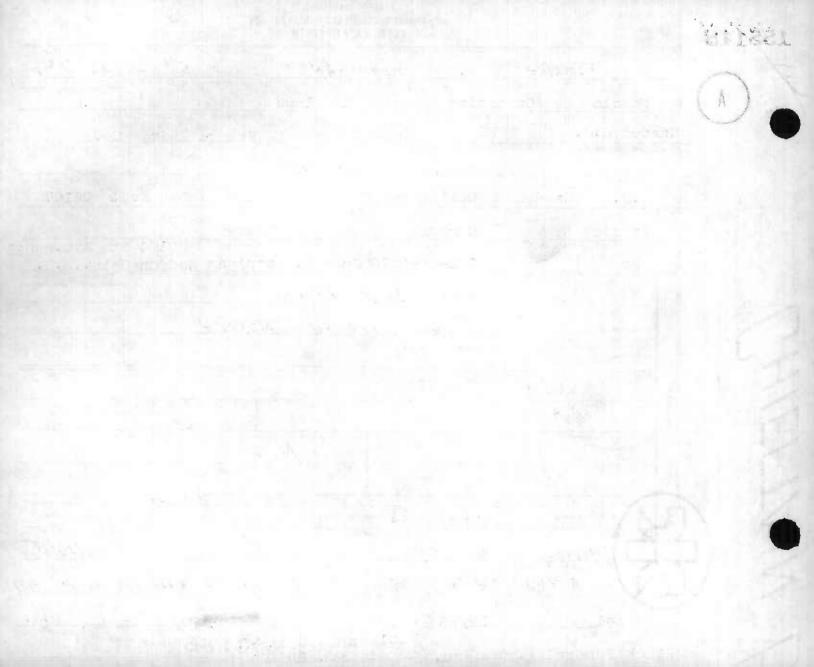
Burial May 7,1987 Fort Lincoln Countries Monthaged

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P. Smeddes Cons F. R. T. J. Manthey 110, Marrhand

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL MY GIENE FOR - STATE 155118 CERTIFICATE OF DEATH REGISTRAR REG NO 26 DATE OF DEATH DAY 26 HOUR DECEASED NAME (TYPE OR PRINT) FLORENCE HANNIGAN AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 26 1908 Caucasian 76 Female TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Camden . N.J. TIS WIDOWED DIVORCED | Prince George Co. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greater Laurel Nursing Home Laurel USUAL RESIDENCE (IF NURSING H COUNTY 13e STREET ADDRESS / ZIP CODE 208 Richey Ave. 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN Camden 08107 N.J. Collingswood TES TO 15 MOTHER'S MAIDEN NAME FATHER'S NAME Patrick Connor Unkown ADDRESS 104 9th Ave . 08035 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES. NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 142-36-6576 John W. Hannigan Haddon Hots., N.J. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DISORDER Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22a | certify that (1) This haspital) attended the deceased fram and that in (my) (aur) opinian death occurred an the date and haur and fram the causes stated above, (1) (we) (did) (did nat) view the body after death. DEGREE 22b. SIGNATURE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT) DR. G. COMPTON 14201 CAURER PK DR. #221 LAUREZ MD 2070; 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 5/29/85 N.St.Mary Cem 24 FUNERAL DIRECTOR ADDRESS 7601 Sandy Spt DHMH - 16 50M 4/83 Fleck Funeral Home, Inc. Laurel, Md. (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 157115 - STATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN T MONTH (TYPE OR PRINT) ESTI-DEATH MATED XX Gary Hardebeck 1985 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 1:15 DATE LAST BIRTHDAY) PRONOUNCED 1965 5-23 185 Male Caucasian May 20 DEAD p. M TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Prince George's County, Panama. WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS OR INDUSTRY N/A Student Ft. Washington 3201 Calvdon Court 2071 30 STATE 13d IHSIDE CITY LIMITS? 3201 Calydon Court Prince George's Ft. Washington Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Hardebeck Lydia Erhard Marvin 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 3201 Calydon Court (YES, NO, OR UNKNOWN) Army Reserves 579-82-2237 Marvin C. Hardebeck Yes Ft. Washington, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DE ATH WAS CAUSED BY: Carbon Monoxide Intoxication USED AS A BURIAL - TRANSIT REP OF HEALTH AND MENTAL HYGEN RIAL, CREMATION, OR RE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARYDAND, 21201 PRIOR TO BURIAL YES NO XX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING NOR 19 85 CONTRIBUTING CAUSE OF DEATH subject inhaled auto exhaust fumes 21e PLACE OF INJURY (AT HOME. II. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Home 3201 Calvdon Ct. Ft. Wash. Prince George's 22a I certify that I took charge of the remains described above, held an Autopsy Inspection XX Accident XX Hamicide . Undetermined manner Suicide L Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 5-24-85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial 5/28/85 Resurrection Cemetery Clinton P.G. Maryland 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRES 6160 Oxon Hill Rd. **DHMH - 17** George P. Kalas Funeral Home Oxon Hill, Md. (VR A15 ME (51)

STATE OF MARYLAND

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RECORDS, 201 W. PRESTON ST.	EXECUTED WITHIN 24 HOU ING" IN PENCIL IN 176M 11 INGC EXAMINER ALONG A BURIAL - TRANSIT PERMI H AND MENTAL HYGIENE, MATION, OR REMOVAL.	/	Condition gove ri cause (a lying cau	ins, if any, which ise to immediate ) stating the under- use last.	(b) DUE TO, OR	arbon Mon	noxide ] NCE OF	Intoxicati				APPROXIMATI BETWEEN ONSE	T AND DEA
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STATE OF MARYLAND 157114 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-1085 DEATH MATEDXIX Linda Hardebeck 4. RACE AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR MONTH DAY LAST BIRTHDAY PRONOUNCED 1:15 1963 Female Oct. 5 21 1985 Caucasian BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TX Michigan U.S.A. WIDOWED DIVORCED Prince George's County, O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Ft. Washington 3201 Calydon Court School Teacher P.G. County 20744 3a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince George's Ft. Washington YES X NO [ 3201 Calydon Court 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Marvin Hardebeck Lydia Erhard 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Marvin C. Hardebeck Ft. Washington, Md. No 579-82-5810 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY OMMEDIATE CAUSE (a) Carbon Monoxide Intoxication DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, lying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E. WRITING.
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R PAGE 3 SHOULD BE USEN TO BURN
TATE DEPARTMENT OF YES ] NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 19 85 subject inhaled auto exhaust fumes TIE PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 3201 Calydon Ct., Ft. Wash, Prince George's Home PAGE SHOULD BE FORW TO FUNER DIRECTOR: P. AFTER DEATH WITH THE ST. BALTWORE MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Inspection XX Autopsy Accident XX death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 5-24-85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION 5/28/85 Resurrection Cemetery Clinton P.G. 07/B4 Maryland 24 FUNERAL DIRECTOR THE REGISTRADICION ADDRESS 6160 Oxon Hill Rd. **DHMH - 17** George P. Kalas Funeral Home (VR A15 ME (5)) Oxon Hill, Md,

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 157112 - STATE REGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) Lydia DEATH MATED X Hardebeck 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Female June 13 1934 Caucasian DEAD 19 85 YRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH West Germany MARRIED TO NEVER MARRIED U.S.A. WIDOWED [ DIVORCED Prince George's County, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS. OR INDUSTRY Ft. Washington 3201 Calvdon Court Housewife 207山 30 STATE 3201 Calydon Court 13d. INSIDE CITY LIMITS? Ft. Washington Prince George's Maryland YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Xavier Erhard Magdalena Baumann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT PERMIT. PAGES T A3201 Calydon Ct. (YES, NO. OR UNKNOWN) Marvin C. Hardebeck Ft. Washington. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, MAMERIATE CAUSE (a) Carbon Monoxide Intoxication DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OSED AS A BURIAL-OF HEALTH AND MEI JRIAL, CREMATION, C lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CY TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE I AFTER DEATH, WITH THE STATE DEPARTMENTS BALTWORE, MARY DAND 2 2001 PRIOR TO BUS YES NO X 21g. EXTERNAL CAUSE WAS 116 TIME OF INJURY est . HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH 5-22 1985 subject inhaled auto exhaust fumes 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Home 3201 Calydon Ct., Ft. Wash: , Prince George's Co., Inspection XX 220 I certify that htaak charge of the remains described above, held on Autopsy death resulted from Wildent XX Natural course. Suicide Hamicide . Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 5-24-85 SIGNED EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Clinton 5/28/85 Resurrection Cemetery Maryland Burial 07/84 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE George P. Kalas Funeral Home Oxon Hill, Md. **DHMH - 17** (VR A15 ME (5))

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# STATE OF MARYLAND

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3. SE	EX	4	RACE		5. DATE O		YEA	R	6 AGE (IN YEARS )	AST BIRT	THDAY)		DAYS .		MIN
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	WAS DECEASED EV	ER IN U.S. ARMI		166 SOCIAL SECT	URITY NO.	17 INFOR	THAN		/	DDRE	SS				
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MEDICAL	21d INJURY OCC	WHILE WORK	21e. PLACE (	OF INJURY BEET, FACTORY OFFICE	FARM, ETC )	211 LOCA STR			CIT	OR TO	WN	COUN	ŧΤΥ	STA	TE.
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	22b. SIGNATURE	V.P.	Singh	•		DEGREE N. P		ING.	MEDICAL DIRECTOR P	STAF	FF IAN	5	29	785	
	22d. PHYSICIAN'S	SING	GH			BLA	ESS 5	030	2 ANG	44	100	4571	RO	*	9

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84

230. BURIAL, CREMATION, REMOVAL Exercises Burial May 31, 1985

23c NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

23d LOCATION

STATE

Brentwood, Maryland

24 FUNERAL DIRECTOR Lee Funeral Home Inc.
(VRA 15, 4)6633 Old Alexander Ferry Road, Clinton, Maryland

Triverdate attended introduction attached Marriand Dringe Cannons-College Basis X 

## STATE OF MARYLAND

1 - STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEAT		Cia Cia
1. DECEASED NAME FIRST ARNE	WIODLE	HEVENE		21.85 1
Male Male	White	S. DATE OF BIRTH APTIL 24 19	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOUS
7a BIRTHPLACE (STATE OR FOREIGN Virginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI WIDOWED DIVORC	ED   KINCE	GEORGE
CLINTON	11. NAME OF HOSPITAL, NURSIN SIF NOT IN SUCH PACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF WOR	king Life) 126 KIND OF BUS INDUSTRY Eng Heatin
		ville YES NO	□ 2100 Overt	
14 FATHER'S NAME FIRST  Arthur	Hevener	IS MOTHER'S MAI	MIDDLE	Cobb
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	remed forces? 16b SOCIAL SECU 230 09	5258A Ocie	M Heyener San	ne as #13
PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and BY. TE CAUSE (a). Respiral	tung facleur		BETWEEN ONSET
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) Chume  DUE TO, OR AS A CONSEQUE	Obs frustine (	Elmonary Bissesse	10 year
PART 2 OTHER SIGNIFICANT	conditions <u>contributing to i</u>	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO |

STATE

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY MONTH DAY YEAR HOUR A.M. TIE PLACE OF INJURY

21c. HOW INJURY OCCURRED

MEDICAL

AT HOME STREET FACTORY OFFICE FARM, ETC ) NOT WHILE AT WORK

211 LOCATION

COUNTY CITY OR TOWN

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did not) view the body after death. 226. SIGNATURE

DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED STAFF

22e. ADDRESS

93 LOCATION

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

CERTIFICA

MEDICAL

orked or them 18 sty and Mental Hyg

MPORTANT

3b. DATE 24May1985 National Memorial

Falls Church Virginia

24 FUNERAL DIRECT ROBert E Wilhelm - Funeral Home Suitland Maryland

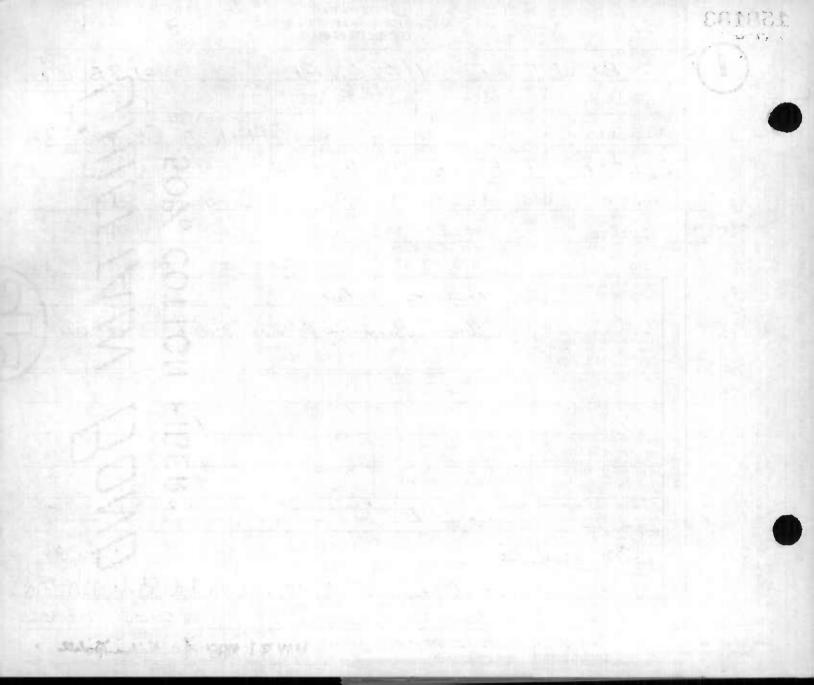
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

should be detached for use as FUNERAL BP.

ATTENDING PHYSICIAN.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Donald Anthony Heving May 19 85 4 RACE 3. SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 25:30B DATE LAST BIRTHDAY) PRONOUNCED Male White 8 1928 19 85 July TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED FOREIGN COUNTRY! Missouri U.S.A. WIDOWED DIVORCED Prince George's ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY Temple Hills 7605 Harrison Lane U.S. PostalSer Letter Carrier USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13d INSIDE CITY LIMITS? 7605 Harrison Lane Prince George's Temple Hills Maryland YES XX NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kolks Cecil Heving Sylvia 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7605 Harrison Lane (orea-Viet Nam 722-01-6823 Ruth M. Heying Temple Hills. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)\_\_\_\_\_ Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PE, DING, IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXPENSED TO THE CHIEF MEDICAL BY FUNERAL DISTRETORS, PAGE 3 SHOULD BE USED AS A BURIAN PAFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATICAN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) Diabetes mellitus, ethylism 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY FARM FTC 1 STREET CITY OR TOWN WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Natural causes Undetermined manner TITLE (SPECIFY) 5/22/1985 DATE MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Temple Hills, Md 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 5/24/85 Burial Arlington Nat'l. Cem. Arlington Virginia 07/84 25M 24 FUNERAL DIRECTOR 250. DATE RECED BY REGISTRAR 256 REGISTRAR'S SIGNAMENT .6160 Oxon Hill Rd. **DHMH - 17** George P. Kalas Funeral Home Oxon Hill. Md. (VR A15 ME (5))

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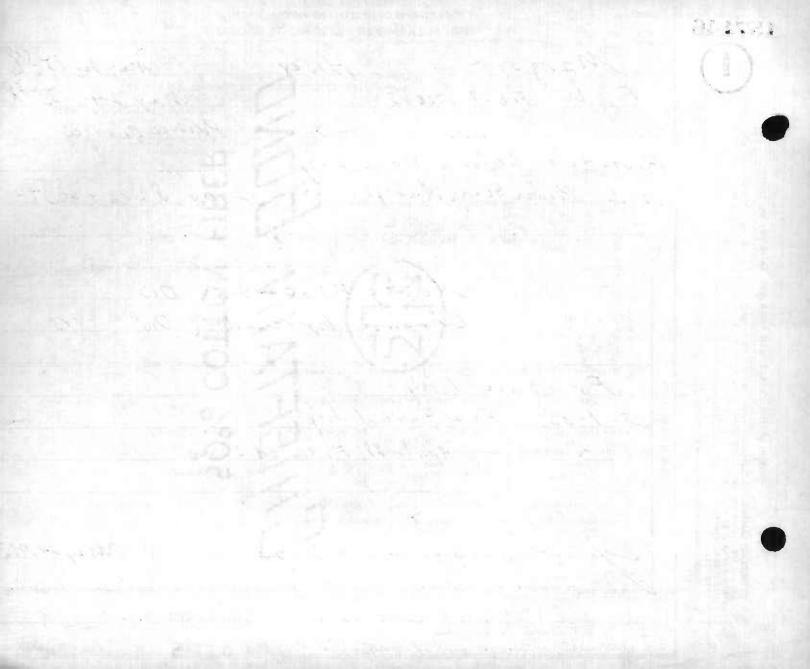
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DHMH - (VR A15 ME (5))	C	tewar Funeral H	Jome A	001 Poppi	2 1	YAM DEAD	8 1985 site Day	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 158105 DECEASED NAME 20. DATE KNOWN IN MONTH LTYPE OR PRINTI Frederick William Hiller DEATH MATED 5-30 4. RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 03 Male White 10 1914 7-1 YRS 76. CITIZEN OF WHAT COUNTRY PBALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A. Prince George's County Washington D.C. DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Prince George's General Hospital Retired Bus Driver D.C. Transit Cheverly 136 INSIDE CITY LIMITS?
YES NO 5216 58th Avenue P.G. Riverdale Maryland 20737 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE M. Alice William Hiller Coates 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDREYS12 Broadmoore Dr. Yes, no, or unknown) 578-38-6225 W.W.II David G. Garner Annapolis, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) tuo & clerotie Coretro - cardid Vasculta sa a consequence of SETYPEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE TOX DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held and Inspection TO MEDICAL EXAMINATION OF THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTED AFTER DEATH, WITH THE BALLMORE, MARYLAI Homicide Undetermined manner TITLE (SPECIFY) 5-31-85 \_ADDRESS 5009 Rayburn Ct., Temple Hills, Md 230. BURIAL, CREMATION, REMOVAL THE DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 6/1/85 Burial Fort Lincoln Cemetery Brentwood P.G. Maryland 07/84 25M 14 Francis Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5)) 2 sa Dandron

STATE OF MARYLAND

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Ö	80840	160 \	WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 117 INFORMANT ADDRESS	Richter
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	URS AFTER DEATH. IF B. GIVE PAGES 1, 2, WITH FORM PM 3. II. PAGES 1 AND 2 SI , DIVISION OF VITAL	5	18 CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c), )	APPROXIMATE INTERVAL
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	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FA TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN	22 n B	BÜRIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	a spring pu
		234.0	(CITY OR TOWN COL	INTY STATE
07/84	BP		Burial May 27, 1989 Glenwood Cemetery Washington, D.C.	
25M	DHMH - 17	24 F	FUNERAL DIRECTOR Francis J. Collins 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
	(VR A15 ME (5))	5	00 11.	and the state of
	(111 713 112 (3))		ovo university blva., w. Silver Spring, Ma. J. MAY 3.1.1001 A.P.	The Totalil



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2 2	Female	Caucasian	January 16, 1907	78 YRS	MONTHS DAYS HOURS MIN.
1:06	d BIRTHPLACE (STATE OR FOREIGN COUNTRY) WISCONSIN	76 CITIZEN OF WHAT COUNTRY?	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐	PRINCE G	TY OF DEATH  EORGELOMD
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11/180	Frank Ambroz	MIDDLE LAST	15 MOTHER'S MAIDEN NA FIRST Bertha	MIDDLE	ehlke
Pupped Co	(YES, NO OR UNKNOWN) (IF YES, NO	GIVE WAR OR DATES)		puist - Same As	
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2 / //	210. ACCIDENT WAS UNDERFUNG OR CONTRIBUTING CAUSE OF (HE EITHER, NOTHY MEDICAL EXAM) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	DEATH	19 21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2)  COUNTY STATE
CTOR: After for use as at Health	22a I certify that (I) (this he saw the deceased alive	an 24 19	STINE, 1989 85, and that in (my) (aux-apinion	death accurred on the date and h	, 19 5, that (I) (we) last our and from the couses stated
At DIRECTOR OF DESTRUCTION OF DEPT	22b. SIGNATURE Romas	X Feeldoer	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 5/24/85
A Pe	224. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDRESS		

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. (VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland DHMH - 16 60M 7/84

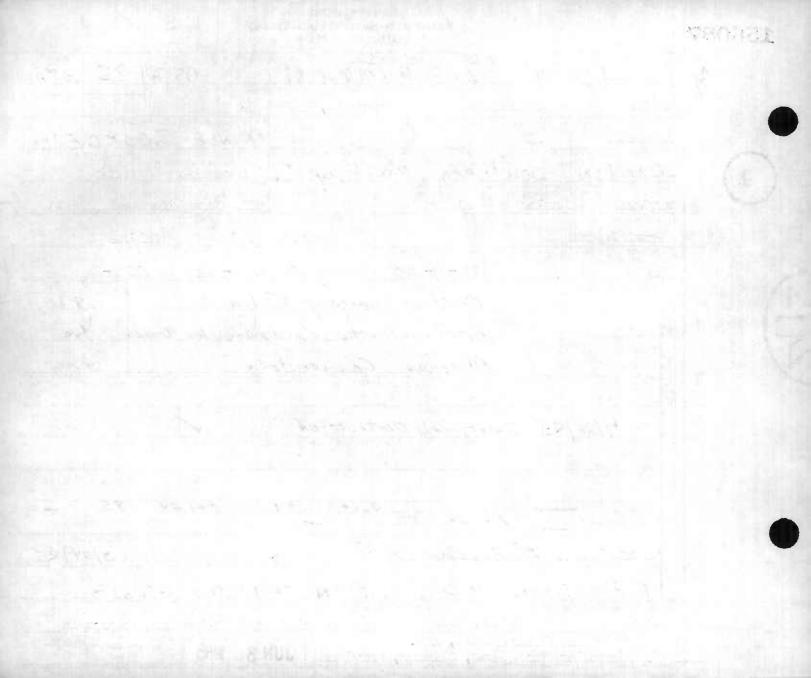
230 BURIAL, CREMATION, REMOVAL

Burial

May 28, 1985

NAME OF CEMETERY OR CREMATORY
Highland Memorial Park Milwaukee, Wisconsin

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE



completely filled in by

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL REGIEND

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DECEASED NAM	AE FIRST	M	AIDDLE	ŁA	181	20 DATE OF DE	ATH MONIH	DAY YEAR	26 HOUR
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physican and c should be detached for use as the burial-transit permit. Then please remove corban papers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the hospital or attending physician

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ABHYGIENE

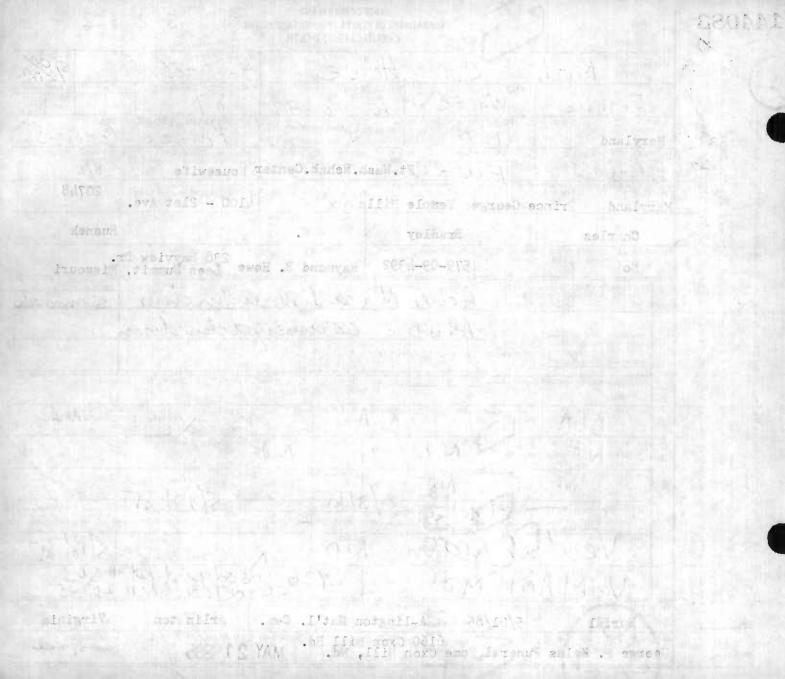
- STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I. DECEASED NAME MIDDLE MONTH 7h HOUR (TYPE OR PRINT) 4 RACE 5. DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS 3. SEX MONTH DAYS. HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ASTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Maryland WIDOWED DIVORCED [ O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Ft. Wash. Rehab. Center Housewife N/A USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 20748 136 COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 4100 - 21st Ave. Prince Georges Temple Hillsyes [X NO Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE Rusniek Bradley M Charles 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Bavview Dr. (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 579-09-4392 Raymond B. Howe Lees Summit. Missouri 18 CAUSE OF DEATH (Enter only one cause per lune for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 710 ACCIDENT, WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. DAY YEAR OR CONTRIBUTA CO LAUSE OF DEATH P.M. LIFETHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FAT OF OFFICE, FARM, ETC.) STREET 220.1 certify that (1) (this haspital) attended the declared from sow the deceased olive on obove, (I) twel (did not) view the body after death. and that in (my) (east) opinion death occurred on the date and hour and from the causes stated 22b. SIGNIATION DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF DIRECTOR PHYSICIAN 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial Arlington Arlington Nat'l. Cem. 5/21/85

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. George P. Kalas Funeral Home Oxon Hill, Md.

Virginia 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WYGIENES

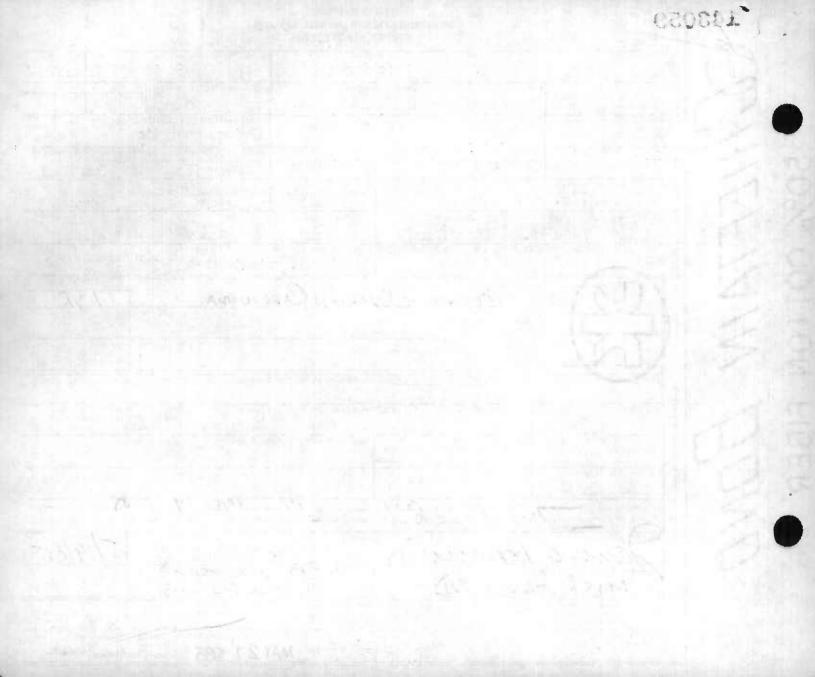
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENB
CERTIFICATE OF DEATH	

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)		CEASED NAME FIRST		Ann		chinson	20. DATE OF DEATH	5 19	85	8:32 A
	3 SE	× Female	4 RACE Whit	e	Dec.			0 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS
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exom		Emory	R.	Hutchinso	n	Pear1	Gene	eva	Hutchi	
medicol		VAS DECEASED ÉVER IN U.S. YES NO OR UNKNOWN)   I IF YES	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	URITY NO.	William H. H	utchinson-	Box 11	904 Fer	no Rd.,
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s ony injury, or other traumotic ev	ICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, C  (b)  DUE TO, C  (c)  IT CONDITIONS C	OR AS A CONSEQU	ENCE OF  ENCE OF  DEATH BUT	NOT RELATED TO THE TERM		20b. IF YES	/EN IN PART I	NGS USED
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND 141149 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH I. DECEASED NAME FIRST MIDDLE 2b. HOUR (TYPE OR PRINT) PAIII. E HUTCHINSON 15 85 MAY 3 SEX A PACE 5 DATE OF BIRTH & AGE IN YEARS LAST BIRTHDAYS F UNDER I YEAR ALCONITM. YEAR 1917 Male White June 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Illinois U.S.A. Prince George WIDOWED DIVORCED [ IR CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª LISUAL OCCUPATION 12b. KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFET LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! INDUSTRY Malcolm Grow Medical Center Hospital Admin. Camp Springs U.S. Air Force USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136, STATE 1136 COLINITY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Pr. George Oxon Hill 2156 Alice Ave YES IX NO [ 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Unknown Fulk Isabelle Albert ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT medico (YES NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) Yes 1942-1962 337-16-8819 Mary V. Hutchinson as in item 13e cardionespiratory arrest 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY matory anest IMMEDIATE CAUSE ( DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO T 710 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 15 May No I certify that (1) (this hospital) attended the deceased from\_ saw the deceased alive on and that in (my) (aur) opinion death accurred on the date and hour and I am the causes stated above (1) (we) (did) (did nat) view the body after death DEGREE 22c DATE SIGNED PATRACIA LYNN WERHULST MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PORTANT: 201 PHYSICIAN'S NAME (TYPE OF PRINT) MALCOLM GROW USAF MEDICAL CENTER d b Patricia Lynn Verhulst MD 20331-5300 ANDREWS AFB. 0 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Arlington Nat'l. Cem. Arlington Va. REGISTRAR 256 REGISTRAR'S SIGNATURE & 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill. Md (VRA 15, 4)

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DIVISION OF VITAL RECORDS,

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH

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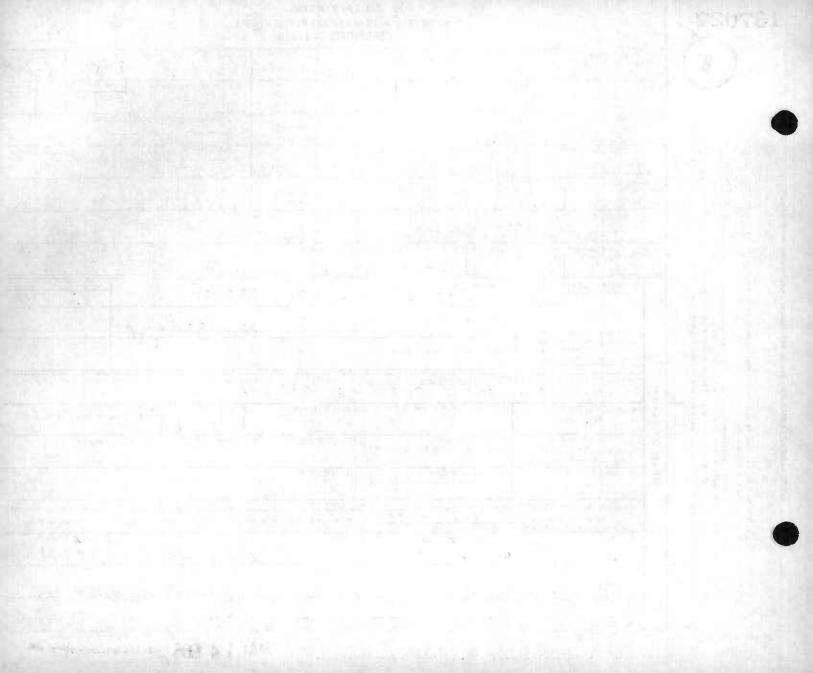
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	KAY			BERRY		Ethel	Fren		Sot	uth	ard
	WAS DECEASED EVEL (YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)			17 INFORMANT					
	NO	NA		578-34-79	113	JOHN JAIMEI	DES SAME	95 13	3		
	18. CAUSE OF DEA	TH (Enter on	ly one couse p	er line for (a), (b), or	nd (cs)				T API	PRÓXIM	ATE INTERVAL
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ICATION	couse (o), stoti underlying cous	ing the se lost.	ONDITIONS	CONTRIBUTING TO	DEATH BUT	TASTATIC CF	tecinoma	20b. IF YES	S, WERE FI	NDIN	GS USED
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	PART 2 OTHER SIG	ATION  ATION  DERLYING CAUSE OF DEAL EXAMINER  RRED  WHILE CORK  W	19b. CON 19b. CON 21b. TIME HOUR 21c PLACE (AI HOME. S	OF INJURY  A.M. MONTH D  P.M.  E OF INJURY SIREEL FACTORY, OFFICE.  the decegsed from  OX 4/30 10	AY YEAR  19 FARM EIC)	21c HOW INJURY OCCURR 211 LOCATION SIREE1  19 05	PCINOMA  INAL DISEASE OR CONE  200. AUTOPSY?  YES   NO    RED (ENTER NATURE OF INJUR  CITY OR TOV	20b. IF YES IN CERTIF YE	COUNTY	NDING JSES (	STATE
	PART 2 OTHER SIG	ATION  ATION  DERLYING CAUSE OF DEAL EXAMINER  RRED  WHILE CORK  W	19b. CON 19b. CON 21b. TIME HOUR 21c PLACE (AI HOME. S	OF INJURY  A.M. MONTH D  P.M.  E OF INJURY SIREEL FACTORY, OFFICE.  the decegsed from  OX 4/30 10	AY YEAR  19 FARM_EIC)	T NOT RELATED TO THE TERM  ON WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION SIREE1  , 19  DEGREE  ATTENDING PHYSICIAN	PRED (ENTER NATURE OF INJUR  CITY OR TOV  MEDICAL STAF	20b. IF YES IN CERTIFY YE YE IN ITEM IS P	COUNTY  22 C D	NDING JSES (12)	STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE
	PART 2 OTHER SIG	ATION  ATION  DERLYING CAUSE OF DEAL EXAMINER  RRED  ORK  UNITE CORK  WHITE CORK  WHITE CORK  ATION  Sed of Ive on Add of Ive on	19b. CON 19b. CON 21b. TIME HOUR 21e PLAC (Al HOME. S	OF INJURY  A.M. MONTH D  P.M.  E OF INJURY SIREEL FACTORY, OFFICE.  the decegsed from  OX 4/30 10	AY YEAR  19 FARM_EIC)	T NOT RELATED TO THE TERM  ON WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION SIREE1  , 19  DEGREE  ATTENDING PHYSICIAN	PRED (ENTER NATURE OF INJUR  CITY OR TOV  MEDICAL STAF	20b. IF YES IN CERTIFY YE YE IN ITEM IS P	COUNTY  22 C D	NDING JSES (12)	STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE
	PART 2 OTHER SIG	ATION  ATION  DERLYING CAUSE OF DEAL EXAMINER  RRED  ORK  UNITE CORK  WHITE CORK  WHITE CORK  ATION  Sed of Ive on Add of Ive on	19b. CON 19b. CON 21b. TIME HOUR 21e PLAC (Al HOME. S	ONTRIBUTING TO  DITION FOR WHICH  OF INJURY  A.M. MONTH D  P.M.  E OF INJURY  SIREEL FACTORY, OFFICE.  the decegased from  OX 4 30 19  dy ofter death.	OPERATION  AY YEAR  19  FARM EIC)  85.0	T NOT RELATED TO THE TERM  ON WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  , 19 95 and that in (my) our) opinion of the physician (physician)  22e ADDRESS  14201 LAVY	INAL DISEASE OR CONE  200 AUTOPSY?  YES   NO    RED (ENTER NATURE OF INJUR  CITY OR TOV  TO S 199  death accurred on the do  MEDICAL STAF  DIRECTOR   PHYSIC	20b. IF YES IN CERTIFY YE YE IN ITEM IS P	COUNTY  22 C D	NDING JSES (12)	STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE
MEDICAL	PART 2 OTHER SIG	ATION  ATION  DERLYING CAUSE OF DEADICAL EXAMINER  CORK  DI) (this hosping and did not only on the control of t	19b CON 19b CON 19b CON 21b TIME HOUR 11h HOUR 21e PLAC (AI HOME, stoll) ottended 12c PLAC (AI HOME, stoll) ottended (AI H	DITION FOR WHICH  OF INJURY A.M. MONTH D P.M. E OF INJURY SIREEL FACTORY, OFFICE.  The decepted from by 4/30 19 dy ofter deoth.	OPERATION  AY YEAR  19  FARM EIC)  NAME OF C	T NOT RELATED TO THE TERM  ON WAS PERFORMED  21c HOW INJURY OCCURR  21l LOCATION STREET  , 19 95 and that in (my) our) opinion of PHYSICIAN  22e ADDRESS  14201 LAVY  CEMETERY OR CREMATORY	PCINOMA  INAL DISEASE OR CONE  200. AUTOPSÝ?  YES   NO    RED (ENTER NATURE OF INJUR  CITY OR 10V  , to S/19  death accurred on the do  MEDICAL STAF  DIRECTOR   PHYSIC  PARK DR  [234. LOCATION]	20b. IF YES IN CERTIFY YE YE IN ITEM IS P	COUNTY  220 D	NDING JSES (	STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE
WEDICAL WEDICAL	PART 2 OTHER SIG	ATION  NDERLYING CAUSE OF DEA DICAL EXAMINER  RRED  VIIIE ORK  NAME (TYPE O	21b. TIME HOUR / 21e PLAC (AI HOME. 1) 21b. TIME OF THE HOUR / 21c PLAC (AI HOME. 2) 22c PLAC (AI HOME. 3) 23b. DATE 5 23	ONTRIBUTING TO  DITION FOR WHICH  OF INJURY A.M. MONTH D P.M. E OF INJURY STREET FACTORY, OFFICE.  the decepted from D Street Factory office.  19 Sty ofter death.  23c. BF	OPERATION  AY YEAR  19  FARM EIC)  NAME OF C	TNOT RELATED TO THE TERM  ON WAS PERFORMED  211. HOW INJURY OCCURR  211. LOCATION SIREE1  , 19 05 and that in (my) our) opinion of physician [ 22e ADDRESS  14201 LAVY  CEMETERY OR CREMATORY  SH. CREMATORY	PCINOMA  INAL DISEASE OR CONE  200. AUTOPSÝ?  YES   NO    RED (ENTER NATURE OF INJUR  CITY OR 10V  , to S/19  death accurred on the do  MEDICAL STAF  DIRECTOR   PHYSIC  PARK DR  [234. LOCATION]	20h. IF YES IN CERTIFYE YE IN ITEM IS P	COUNTY  19 S S  11 and from  22 D	NDING USES C 112)	STATE  STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

7601 SANDY SPRING Rd. LAUREL Md. 20707

MAY 2 0 1985

Blickwiden Bodes

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGUNE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	I. DECEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
-		ANNIE	EL	IZABETH	JOH	INSON	May 1, 198	5		9:00P M
,	1.9		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY	MONTHS DAYS	IF UNDER 24 HRS
Ą	FEMALE		BLACK			MBER 10,1933	51	YRS	MOIVING DATS	HOURS MIN.
	FIRTHPLACE (STAT	'E OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNT	Y OF DEATH	Ex.
4	South Care	olina	United	States	WIDOWE		Prince	Georg	e's	MD
1	ID CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR
0	Lanham		Doctors	Hospita	al of	Pr. Geo. Co.	Housewife	F WORKING L	priva	te .
-	USUAL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION		ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 71P COD	11/10	(11)
2	Maryland	P.G.		Riverdale		YESXX NO	6009 Longf			
Ü	14 FATHER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAS	. 2
L	EDMOND		NOULE	FELDER		NORA	MIDDLE			NES
d	160 WAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	NO NO OR UNKNOWS	(# 162 011	TVAN OR DATES;		65.01	Ernest N. Joh	nnson-husb-	5308	Whitfie:	ld Chap
				line far (a), (b), and	d (c)				BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEAT	TH WAS CAUSEI IMMEDIAT	E CAUSE (o)_ I	PROBABLE (	CEREB	ROVASCULAR ACC	CIDENT			
			DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if		( b) A	ACUTE FIBI	RINOU	S PERICARDITIS	S WITH PERI	CARDI	AL	12000
	gave rise to cause (a), s	stating the	DUE TO, O	R AS A CONSEQUE	NCE OF	EFFUSION				
	underlying c	ause last	( (c) I	BLEEDING I	DUODE	NAL ULCER				
		SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONGE	VEN IN PART 1	0
	190 DATE OF OP									
Į.	5 190 DATE OF OP	ERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
	AL L						YES X NO		ES 🗌	NO 🗌
1	OR CONTRIBUTIONS	CAUSE OF DEA	1H HOUR A.		YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 1B	PART 1 OR PART 2)	
	(IF EITHER, NOTIFY	MEDICAL EXAMINER	P.	Μ.	19					
	21d. INJURY OC	CURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Jaswinder S. Sidhu, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE

70.1 certify that (I) (this haspital) ottended the deceased from May I abaye, (N (we) (did) (did not) view the bady after deat

NOT WHILE

226. SIGNATURE

Burial

22e ADDRESS

DEGREE

4700 Auth Place, Camp Springs, Md. 20023

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY Harmony Memorial

ATTENDING

23d LOCATION Landover,

in (my) (our) opinian death accurred an the date and hour and fram the causes stated

Maryland

22c. DATE SIGNED

5/2/85

24 FUNERAL DIRECTOR ALEXANDER S. POPE 2617 Pennsylvania Ave.S.E.

5/7/85

PG GISTRAR SIL REGISTRAR'S SIGN









FICESSÁRY, PLEASE POR ROLL FUES FOR YOUR FUES WITHIN 72 HOURS PRESTON STREET,	3. SE:	mole Black	medical examiner's certificate of beath Reg. No.  In ette M. Johnson 20. Date known of beath Mated 5.  S. Date of Birth Month Day Year Last Birthday) Months Days Hours Min.  May 5,1913 72 YRS.  Reg. No.  20. Date known of Month Sold No.  Performance Month Day Year No.  May 5,1913 72 YRS.	-17 1985 17 1985 17 1985
IS NECESSAR IE FUNERAL DE ED, WITHIN IN W PRESTO	FC	RTHPLACE (STATE OR REIGN COUNTRY)  U.C.  TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WC	Re's
IF ANY DELAY IS N 2, AND 3 TO THE FU 3. RETAIN PROPE SHOULD BE FILED. AL RECORDS, 201 W.	USU	NEVERLY  AL RESIDENCE (IF IN NURSING HOMITATE 13b. COU	FOR MOST OF WORKING LIFE   HOUSEWIFE   FOR MOST OF WORKING LIFE   FOR MOST OF WORK LIFE   FOR MOST OF WORKING LIFE   FOR MOST OF	Own Home
BALTIMORE, MD. RS AFTER DEATH. IF 3. GIVE PAGES 1, 2, WITH FORM PM 2, 3. F. PAGES 1 AND 2 35. F. PAGES 1 AND 2 35.	16a. V	ATHER'S NAME FRST THOMAS VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) I (IF YES, C)	MIDDLE Wiggins 15. MOTHER'S MAIDEN NAME MIDDLE Unknown	LAST
AL RECORDS, 201 W. PRESTON ST VULD BE EXECUTED WITHIN 24 HOI "PENDING" IN PENCIL IN 17EM 1 FE MEDICAL EXAMINER ALONG SED AS A BURIAL-TRANSIT PREMI FHEALTH AND MENTAL HYGIENE, AL CREMATION, OR REMOVAL.	7	Conditions, if any, which gove rise to immedia cause (a) stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITION	le ) (b)	
A POOR	1 5			
2 227752/	CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART 1.0	
DIVISION OF VITA HIS CERTIFICATE SHOWITING THE WORD GET SHOULD BE US ARRED TO THE CHI ARE SHOULD BE US ARE DEPARTMENT OF THE DEPARTMENT OF	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART )	YES NO
IN THE CHITAIN THE	MEDICAL CERTIFICATION	190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  220. I certify that I took cha	19th, CONDITION FOR WHICH OPERATION WAS PERFORMED?    21th, TIME OF INJURY	YES NO PART 2]  COUNTY STATE  Y OPINION

THE THE LANGE FIRE STRANGERS

SC FILL F YOU MORE

W.S.A. B.S.A.

and how attwasport Zigowerly Vigowerly

. billi ralle 7505 salker Mill Ed.

213-12-1579 Roth W. Wolncon-Samo as W 13 shows

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MAN THE WAR STORY OF THE STORY

STATE OF MARYLAND 157091 DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME (TYPE OR PRINT) 4. RACE BLACK 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX DATE OF BIRTH IF UNDER I VE AD FEMALE JAN 1902 TO BIRTHPLACE (STATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED 00 DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Hotel Washington Domestic SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND P.G. 17011 Fairway View Upper, marl. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Henry Belt Louvenia Ennis 17011 Fairway View Lane Upper Marlboro, MD 20772 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-01-8475 Carrie Smith APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per fine for rol, (b) and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN EATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 1 certify that (1) (this hospital) ottended the deceased fram saw the deceased alive an above, (I) (we) Vidid) (did not) view the bady after death and that in [my] (aur) apinion death accurred an the date and have and from the causes stated 226. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN ABULHASAN.U. ANSANI 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL Moses Cemetery Burial Anne Arundel MD 24 FUNERAL DIRECTOR 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 4339 HUNT PLACE, N.E. (VRA 15, 4) WASHINGTON, D.C. 20019

Hotelic Wishell Washington irom , regality willy amile 12001 T. T. Dilativ str ties was: 17:11 Pairway Tiew Ente 577-71-8475 Carmie Enteh Doder Day Loro, I 2077 F/25/25 PMoses Cemetery And Local H D BH 9554

STATE OF MARYLAND

1										
1.	FOR STATE				ALTH AND MENTAL HYG	IEND I	7	- "T	0	
	REGISTRAR			CERTIFI	CATE OF DEATH	REG.	NO.			
	CEASED NAME FIRST	MIDDLE	E	LA	ST	20 DATE OF DEATH	MONTH	DAY YE	AR 2b	HOUR
TYPE	Thelma	Trotte	er	Johr	ison	Ma	v 2.	1985	E	5:00Am
3. SEX	X	4 RACE		5. DATE OF	FBIRTH	6 AGE (IN YEARS LAST	7	IF UNDER I	YEAR IF	UNDER 24 HRS
1	Female	Caucasia	n	MONTH		0.7			DATS H	JURS MIN.
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA		Jan	27, 1904	9. BALTIMORE CITY		RS. INTY OF DEA	TH	
C	Waldorf, MD	USA			NEVER MARRIED	Prince	100			
	ITY OR TOWN OF DEATH			WIDOWED	ROTHER INSTITUTION				ND OF B	USINESS OR
C:	linton	Southern	n Maryl	Land	Hospital	12a. USUAL OCCUP LIVELOF WORK FOR MO: Telephon	e Or	er INDU	U.	S. Go
13a S	ALRESIDENCE (IF NURSING OR STATE II UN arvland ha	VTY 13c.	RESIDENCE BEFORE AI CITY OR TOWN Ndian H	1	134 INSIDE CITY LIMITS?	136 STREET ADDRESS 9 Glymo			2	0640
	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME				
1	Peter	MIDDLE	Trott	ter	Rosella	MIDDLE		H	unit	t
	VAS DECEASED EVER IN U.S. AR		SOCIAL SECURI		17. INFORMANT SOT	ADI	DRESS 1	12905	Dau	phin
0	YES NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES]	13-09-8	8510	Horace Joh			shing		-
						16	• 110			
	18 CAUSE OF DEATH (Enter on PART ). DEATH WAS CAUSE	D BY						BET	WEEN ONS	E INTERVAL ET AND DEATH
	IMMEDIA1	TE CAUSE (a)	ASPITAL.	TOU L	neumonia					
1	Conditions, if ony, which	DUE TO, OR AS			iomyopathy-S	ick Sinus	Syndi	come		
2		DUE TO, OR AS	SCHEMIC ACONSEQUEN	Card ICE OF					RT Iro	
CATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS	SCHEMIC A CONSEQUEN RIBUTING TO DE	Card			ONDITION	I GIVEN IN PA	INDINGS	
TIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS	SCHEMIC A CONSEQUEN RIBUTING TO DE	Card	NOT RELATED TO THE TERM	VINAL DISEASE OR CO	ONDITION 20b. II IN CE	I GIVEN IN PA	IND INGS	
AL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DEA	DUE TO, OR AS  CONDITIONS CONTR  196 CONDITION  216 TIME OF INJ HOUR A.M.	SCHEMIC A CONSEQUEN RIBUTING TO DE	Card NCE OF ATH BUT P	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. II	F YES, WERE F ERTIFYING CA YES	INDINGS USES OF	DEATH?
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS  CONDITIONS CONTR  196 CONDITION  196 CONDITION  197 CONDITION  198 CONDITION  216 P.M.  216 PLACE OF IN	A CONSEQUEN RIBUTING TO DE N FOR WHICH O JURY MONTH DAY	Card NCE OF EATH BUT N OPERATION YEAR 19	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR	200 AUTOPSY?  YES NOT	20b. II IN CE	F YES, WERE F ERTIFYING CA YES A18 PART LORPA	INDINGS USES OF 1 RT 2)	DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED  WHILE NOT WHILE NOT WHILE	DUE TO, OR AS  CONDITIONS CONTR  196 CONDITION  196 CONDITION  197 CONDITION  198 CONDITION  216 P.M.  216 PLACE OF IN	SCHEMIC A CONSEQUEN RIBUTING TO DE N FOR WHICH O JURY MONTH DAY	Card NCE OF EATH BUT N OPERATION YEAR 19	NOT RELATED TO THE TERM  I WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?	20b. II IN CE	F YES, WERE F ERTIFYING CA YES	INDINGS USES OF 1 RT 2)	DEATH?
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALISE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK  27a. I certify that (1) (this hosping with the second of other candidates).	DUE TO, OR AS  CONDITIONS CONTR  196. CONDITION  216. PLACE OF IN (AT HOME STREET, F)  (101.) Qitended the decentry of the control of the con	A CONSEQUEN  RIBUTING TO DE  N FOR WHICH O  JURY MONTH DAY  NJURY ACTORY, OFFICE FAR	Card NCE OF  ATH BUT II  PPERATION  YEAR 19 IM. ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET	200 AUTOPSY? YES NOTE CITY OF	20b. II IN CE NJURY IN HEA	F YES, WERE F ERTIFYING CA YES	INDINGS USES OF	STATE
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK 22a. I certify that (1) (this hospi	DUE TO, OR AS  CONDITIONS CONTR  196. CONDITION  216. PLACE OF IN (AT HOME STREET, F)  (101.) Qitended the decentry of the control of the con	A CONSEQUEN  RIBUTING TO DE  N FOR WHICH O  JURY MONTH DAY  NJURY ACTORY, OFFICE FAR  ceosed from	Card NCE OF  EATH BUT R  OPERATION  (YEAR 19  IM. ETC)  XHRX	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET	200 AUTOPSY? YES NOTE CITY OF	20b. II IN CE NJURY IN HEA	FYES, WERE FERTIFYING CA YES	INDINGS USES OF	STATE  t (i) (we) lost ses stated
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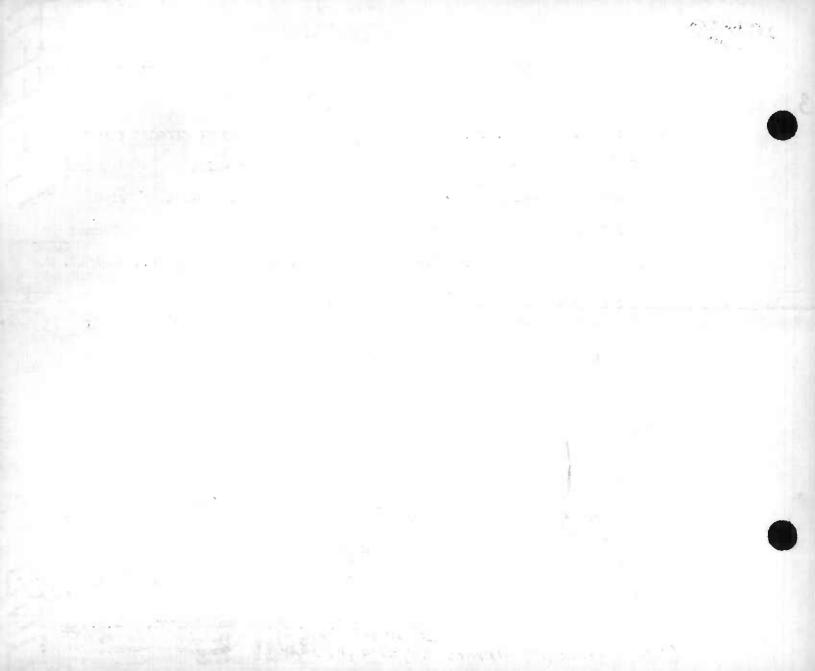
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH 2b. HOUR JONES 05 31 85 7 30A 5. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) April 30, 1890 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGES COUNTY DIVORCED | WIDOWEDST NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 176. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Organist SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY PRINCE GEORGES GENERAL HOSPITAL Church USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Adelphi Adelphi 13. SIREET ADDRESS / ZIP CODE 1922 Saratoga Drive 13d INSIDE CITY LIMITS? 20783 15 MOTHER'S MAIDEN NAME Thomas Ester MIDDLE Morrow ADDRESS 17 INFORMANT 16h SOCIAL SECURITY NO 196-12-2374 Max Buckel 1922 Saratoga Dr., Adelphi, Md 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY: Nutural DUE TO, OR AS A CONSEQUENCE OF SEPSIS DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM ETC.) and that in (my) (our) apinion death occurred on the date and hour and from th DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS SCHISS LER 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Removal Georgetown H. Med. School washington

STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HIGHEND
CERTIFICATE OF DEATH

15245

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME FIRST 20 DATE OF DEATH MONTH DAY 26 HOUR (TYPE OR PRINT) SAMUEL A. JONES. SR. 05-18-85 6:30AM 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX Male Black Feb. 18,1912 To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED D.C. U.S.A. PRINCE GEORGE'S WIDOWED DIVORCED IX 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 125. KIND OF BUSINESS OR PRINCE GEORGE SELENERAL HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) Safeway CHEVERLY Ret.-Driver USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE P. 6 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Mil 3215 Kenilworth Ave. Hvattsville YES T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Watson MIDDLE Jones Maria Richard AD Fairmount Hgts. . Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 577-07-1092\$helia Jones-5504 Jefferson Hgts. Dr. VOUC 18 CAUSE OF DEATH (Enter only one couse per live for (o), (b) and ich PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 218 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC ) STATE NOT WHILE 220.1 certify that (1) this hospital pattended the deceased from and that in (my four) opinion death occurred on the date and hour and from the causes stated DEGREE IN DATE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 17+ ADDRESS 23c. NAME OF CEMETERY OR CREMATORY Funtan/ Home Mohington

4. 5 MILASHINGTON + SONS 49725 BURLOUGHS AVE, NE

DHMH - 16 60M 7/84 (VRA 15, 4)

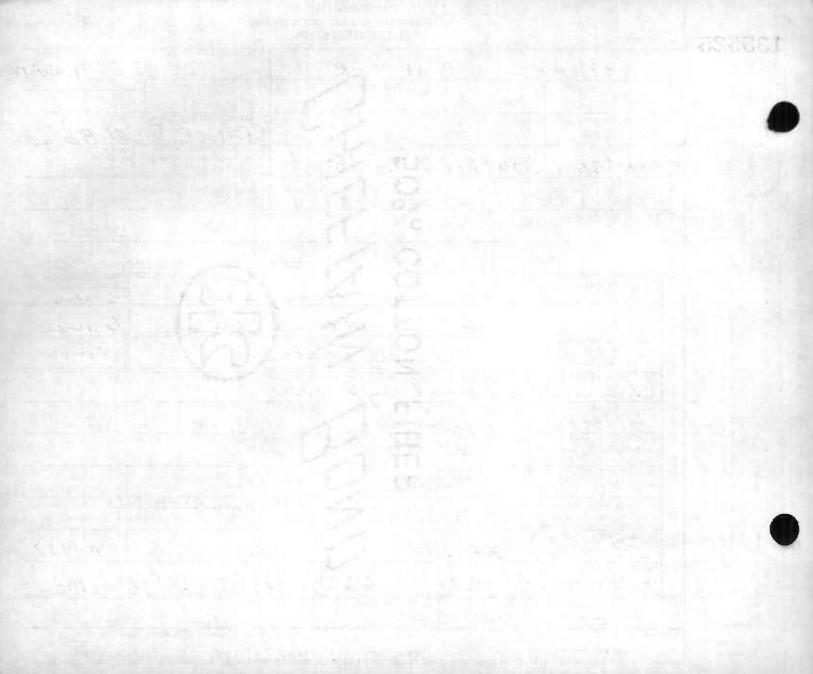
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CER REGISTRAR REG. NO 156094 DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE OF BI DATE LAST BIRTHDAY) PRONOUNCED DIREC 20 TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED EOREIGN COUNTRY) Massachusetts USA WIDOWED DIVORCED B CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK Retired engineer US Gov't 30 STATE 13c. CITY OBJOWN 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Alfred E. Keith, Sr. E. Margaret Donahue 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 115-18-0975 Florence F. Keith same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL. lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED / 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES [] E 3 SHOULD BE U 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME 214 INJURY OCCURRED 211 LOCATION FORWARDED STREET, FACTORY, EARM, ETC.) STREET WHILE AT WORK CITY OF TOWN COUNTY STATE PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BACLIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Natural causes death resulted from: Suicide Homicide L Undetermined manner TITLE (SPECIFY) SIGNATUR EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL THE DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE May Metropolitan Crematory Cremation natory | Alexandria, Virginia | 250. DATE REC'D. BY REGISTRAR | 25b. REGISTRAR S SIGNATURE 07/84 25M 24 FUNERAL DIRECTOR Annapolis Road DHMH - 17 www.doon Randall Beall Funeral Home (VR A15 ME (5)) owie, Maryland 20715

STATE OF MARYLAND

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		ASED NAME	FIRST	771	MIDDLE			LAST			DATE KN	REG. NO.	MONTH DA		2b HOUR
			LARRY	LESTER	3	KELLY					DEATH M	ATED [		85,	,
3	SEX	4 R	ACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YE		DER 1 YR.	IF UNDER		DATE		MONTH D		24.11001
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17		HPLACE (STATE	AC.	76 CITIZEN OF W	HAT COUN	ITRY?		ED X NE	VER MARR	IED U		-	COUNTYO		
		HINGTON		U.S.			WIDOV		DIVORC		Prin	ce Ge	orge's	, Col	unty MC
4		OR TOWN OF	DEATH	Prince	SPITAL, NUI	RSING HOM	E, OR OTH	er institu spital	TION	FOR MO	STOF WORKING	TION (TYPE O		OR INDUS	BUSINESS STRY
1		neverly		PET TITLE				50100		TRUC	CK DRI	VER		PRIVA	TE
13	MD STAT	LE LESIDENCE (ILIN	13b. COUN P.G.			ORTOWN	ION)	13d INSIDE C	NO [	13e STREE			AN DR	I VE	10
17	I. FATH	IER'S NAME		MIDDLE	767	LAST		15 MOTHE	ER'S MAIDE		MIDD			LAST	
W		WENDELL			THOM				FRANCI	ES	MIDD		ŀ	KELLY	
16	WAS	S DECEASED EN	ER IN U.S. AR	MED FORCES?		IAL SECURIT	IY NO.	17. INFORA	THAN			ADDRESS			
L		NO			217-	-44-82	54	LAVE	RNE L	. KELL	Y 14		TRUM	AN DR	•
	- 18	CAUSE OF DE	ATH (Enter an	ly ane cause per line	far (a), (b)	, and (c).)	451-					ARGO,			ATE INTERVAL
1		PARTITUEATE	IMMEDIA	E CAUSE (a) Ar				cardio	ovasc	ular c	iiseas	e			
		e too	f L. L.	DUE TO, OF	AS A CON	ISEOUENCE	OF								
		gave rise	f any, which to immediate	(b)											
		lying cause le	ing the <u>under</u> - ist.	DUE TO, OF	AS A CON	ISEQUENCE	OF								
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		IKI Z UTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELA	TEO TO THE TEN	WINAL OISEAS	E OR CONDITIO	N GIVEN IN PA	ART 1 a					
H	MEDICAL CERTIFICATION	o. DATE OF OP	RATION	19b. COND	TION FOR	WHICH OPE	RATION W	'AS PERFOR	MED?				2	0 AUTOPS	SY?
	EIG.													YES V	
3	21	B EXTERNAL C	_	21b. TIME O		BAN VE.	21c H	OW INJURY	OCCURRE	ED LENTER NAT	TURE OF INJURY	IN ITEM 18 PAR	RT I OR PART 2)	X-)	
7	N C	NDERLYING ONTRIBUTING	OR CAUSE OF D			DAY YEA	K								
	21	4 INTURY OCC	IRRED	21e PLACE	-	(AT HOME,		CATION							
	X A	HILE TWORK A	OT WHILE C	] STREET, FAC	TORT, PARM, E	TC.}		PIREE			CITY OR TOWN		COUNTY		STATE
				e af the remains de	scribed abo	ve. held on	Autap	sy X.	Inspection		Inquiry [	nod.	in my apiniai	0	
		death resulted for		al causes .	Accident		ricide _	Hamic			mined mann		iiy apiillai		
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		CTUAL GNATURE	140	west	The	Youl	L			entmedica	AL EXAMIN	ER	DATE 5	-22-8	35
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2:	BO. BURI	AL, CREMATIO	N, REMOVAL 2	3b. DATE		NAME OF CE			ORY	23d. LOCA	ATION		COUNTY		STATE
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	N/	ERAL DIRECTO		ADDRES	474 L	ANDOVE	ER RD						RAR'S SIGN		
L	J.B	. JENKI	VS FUNE	RAL HOME	LAND	OVER,	MD.		MAY	281	985	ساس بس	א-י וושואון א	Labras	No.

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA STYGIENE

1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTARY		5 2	4 4	
1. DEC	CEASED NAME	FIRST		MIDDLE	ı	AST	REG.		DAY YEAR 2	b HOUR
(TYPE	OR PRINT)					TOTAL PROPERTY.	25	1005		
3. SE	X	Jose	RACE	My1	93. DATE C	KENNEDY OF BIRTH	6. AGE MN YEARS LAST I	1985	IF UNDER 1 YEAR	OOpm.
	Male		White		Apri	DAY YEAR	611	100	MONTHS DAYS	HOURS M
	RTHPLACE (STATE OR FO			WHAT COUNTRY	2 8		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Treland		U.S.A		MARRIE	D NEVER MARRIED	Prince G	eorge!	s County	
_	ITY OR TOWN OF DEAT	н 1	1. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIND OF	BUSINESS
	nham		Doctor	S Hospi	tal of	P.G. County	Elevator			. Gov
U5U/ 13a. S	AL RESIDENCE (IF NURSIN	IG HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d INSIDE CITY LIMITS?	13g STREET ADDRESS			
Ma:		P.G.	-	Riverda.		YES NO	6214 44th		20737	
14 FA	ATHER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAST	
	Joseph	_		Kenned	v	Helen	***		Jennin	ØS
	VAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADD	RESS		
	Yes	WWII	TAR OR DATES	578-22-	1300	Mary Jo Holl	and 6801 P	ineway	Univ. P	k 1
	18 CAUSE OF DEATH	Enter only	ane cause pe			<u> </u>	•		BET WEEN ON	TE INTERVA
	PART I. DEATH WA		CAUSE (a)	/V	ulur	lutir Con	remance		64	usek
	Canditions, if any, gave rise to imme cause (a), stating underlying cause	the last.	( (c)	R AS A CONSEOU	JENCE OF	0	167			<i>Q</i>
Z	PART 2 OTHER SIGNI	FICANTCO	NOTIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	1	NDITION GIV	EN IN PART 110	
CERTIFICATION	19a DATE OF OPERATION	ON	19b COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDING YING CAUSES O	
	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	,	DE INJURY .M. MONTH [ .M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P.	ART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRE			OF INJURY REET, FACTORY, OFFICE.	FARM, ETC )	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STAT
	220   certify that (1) (1 saw the deceased abave, (1) (we) (did	this haspita I alive an _	25	May 19_		nd the (my) (aur) apinian	. 10	due and have	19.85, the	at (l) (we)
	22b. SIGNATURE	mie	4				MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	5-26	-85
	22d. PHYSICIAN'S NAM					22e ADDRESS		16.3		
	Dr. Wimms					8150 Lakecre		enbelt	, Md.	
23a E	BURIAL, CREMATION, RI	EMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	70.00	COUNTY	STATI
24 61	Cremation UNERAL DIRECTOR		May 2	6, 1985	Chamb	ers Crematory	Riverdal			
	NAME	7 Y	ama D	ADDRESS	M	AAA'	VOO	The same of		
UII	ambers Fune	Lat u	ome K	TAGLGSTE	, Mary	Taua	1 2 9 1985	will will	ydson-gan	della

			STATE OF MARYLAND	
134560	11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 5 2 5	0
20 1000		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME	MIDDLE FIRST 20 DATE KNOWN X MONTH	DAY YEAR 26 HOUR
1.1	(14	IBEH	TAN MOCRATE KINGSLEY DEATH MATED 5	4 19 85
	3. SE		S. DATE OF BIRTH 6 AGE (IN YEARS OF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d HOUF
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AND SERVICE	1/X	19EKI M	/ / / F / L/ T   WIDOWED   DIVORCED   Prince George's	County ME
40年末日	71,0	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK I FOR MOST OF WORKING LIFE)	OR INDUSTRY
358EN/7	10	heverly	Prince George's General Hosp.	S OR INDUSTRY &
THE STATE OF			ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	30.7.911
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AL HE SEA		Canditians, if any, which gave rise to immediate	(b)	
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ANGRETA				nian
SYL SEC		death resulted fram: A Nature	al causes Accident, Suicide, Hamicide X. Undetermined manner,	
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SES SES 7		SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER SIGNED	, 5-5-65
NO SEE	1	EXAMINER'S NAME Ann	M. Dixon, M.D. 111 Penn St., Balto, MD	21201
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER PEATH, WITH THE ST.  BATTER DEATH, WITH THE ST.  A SHATMORE, MARYLAND, 2		(TYPE OR PRINT)	ADDRESS	2120T
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Lee Funeral Home, Inc.

(VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

a Davidson Parris

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		1-	FOR STATE		MED	EPARTMENT OF	HEALTH	ERTIFICATE C	HYGIENE	1 5	2 5	3
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К	PR. PLEAS DIRECTOR NUR FILES 72 HOUR N STREET	1 50	imali li	hite	DATE OF BIRTH	JYEAR LAST BURNING	EARS IF UND	DER 1 YR. IF UNDER			MONTH 5-5	19 80 DAY YEAR 24 HOL
	SPECIAL SPECIA	FC	IRTHPLACE (STATE OR DREIGN COUNTRY)  Maryland	101	76. CITIZEN OF WH.		8 MARRIE WIDOWE		RIED	Prince G	*******	Y OF DEATH
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2544	DHMH - 17 (VR A15 ME (5))	1	UNERAL DIRECTOR NAME VILSON Smith	th Fune	ADDRESS	Frederick	shurg.			EGISTRAR 135 F		die i

STATE OF MARYLAND

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injury, or other troumotic event, the

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEND
CERTIFICATE OF DEATH

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REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	).				
DECEASED NAME	FIRST		MIDDLE	1	AST		MONTH	DAY YEAR	26 HOUR		
(AVPECOR PROFES)	GRACE		Н	ı	.EE		05	11 85	6;45A		
SEX		4. RACE	In A S P	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS		
Female		White		07 OT	18, 1900	84	YRS	MONIHS, DATS	HOURS MIN.		
BIRTHPLACE INTA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		TY OF DEATH			
Britain		U.S.A.		WIDOWE	NEVER MARRIED DIVORCED D	PRINCE GE	ORGE	S	WE		
CITY OR TOWN O	DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	N	12h KIND O	F BUSINESS OR		
CHEVERI	_Y	PRINCE	GEORGES (	ENERA	AL HOSPITAL	Housewife Own Home					
SUAL RESIDENCE (III	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION			7:0.00		One		
Maryland	P.G.	17	Cottage		134 INSIDECITY LIMITS?	4002 Parkwo	- 1	Street	20722		
FATHER'S NAME					15 MOTHER'S MAIDEN NAM	ΛE		79			
Thomas		nry	Willshir	e	Jessie	Ring		Crocke			
WAS DECEASED I	VER IN U.S. ARA		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	ss 10	Spindri			
NO OR UNKNOW	N) (IF YES, GIVE	WAR OR DATES)	219-54-5	420	Norman D. Lee			lis, Md.	21403		
TIN CALISE OF	EATH (Enter onl	W 000 COME DO	line for (a), (by, an	d . c			1		MATE INTERVAL		
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	MATERIAL	E CAUSE (o)			0, 1		1 143				
		DUE TO, O	R AS A CONSEQUE	NCE OF	1- hus 1	1. 1					
Conditions, if		(b)_	Hun	in	we repair	a lance	rery				
couse (a),	stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF							
underlying	ouse lost.	( (c)_									
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5											
190 DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	T		ES WEDE EINION			
						20a AUTOPSY?			GS USED		
						YES NO	IN CERT	TIFYING CAUSES			
21a. ACCIDENT WA	S UNDERLYING	216. TIME C		AV VEAD	21c. HOW INJURY OCCURR	YES NO	IN CERT	TIFYING CAUSES YES [	OF DEATH?		
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	CAUSE OF DEAT	HOUR A. P. 21e PLACE	M. MONTH DA M. OF INJURY	19	211. LOCATION	YES NO TO	IN CERT	IFYING CAUSES YES  PART   OR PART 2)	OF DEATH?		
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OR CONTRIBUTING (IF EITHER, NOTIF)  21d. INJURY OC  WHILE AT WORK  22d. I certify the  sow the de	CAUSE OF DEAL MEDICAL EXAMINER) CURRED OF WHILE OF (I) (this hospit	HOUR A. P. 21e PLACE (AT HOME STI	M. MONTH DAM.  OF INJURY REET, FACTORY, OFFICE, F  e deceased from  10 19	19 ARM ETC )	211. LOCATION	YES NO TO	Y IN ITEM 18	COUNTY	OF DEATH? NO STATE		
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DHMH - 16 60M 7/84 (VRA 15, 4)

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Maryland MAY 16 1985 Julia Levidon Jandan

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	10	1.	FOR STATE			DEPARTMENT OF	HEALTH	AND MENT			5 9	15	5	
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10	資金収益型		CEASED NAME PE OR PRINT)	Mary	alie	MIDDLE	Lee	AST		20 DATE KN OF E DEATH M	IOWN STI-	MONTH DAY	Y YEAR	2b. HOUR
	NA PLEA NUR FILE NO STREE	3. SEX	emole !	B lack	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UND		NDER 24 HRS.	24 DATE PRONOUNCE DEAD	D 5	NONTH DA	Y YEAR 1985	340
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	WITHIN 24 HOLPENCIL IN ITEM 18 WINER ALONG 1 - TRANSIT PERMIT ENTAL HYGIENE, OR REMOVAL.		Canditions, gave rise couse (a) str	IMMEDIA if ony, which to immediate ating the under	DUE TO, OR	AS A CONSEQUENCE	ď	lustre	e lens	holo	eula		APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH
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•	TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: 9. AFTER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2.		220. I certify death resulted		ge of the remains des	Accident , Su	Autopsy	Hamicide TITLE SPECIF	FY)	Inquiry 4	er,	DATE	5-5	83
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STATE OF MARYLAND

DIVISION OF VITAL RECORDS,

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CLENE CERTIFICATE OF DEATH

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I DECEASED NAME							REG. N				
	FIRST		MIDDLE	ı	AST		26. DATE OF DEATH	MONTH	DAY YEAR	2b HC	
(TYPE OR PRINT)	HARO	_D	Ε.	L	ITTLE		Sell versi	05-0	1-85	2.5	OPM
3 SEX		4. RACE		5 DATE C	OF BIRTH		6. AGE (IN YEARS LAST BE	RTHOAY)	IF UNDER LYE	AR IF UNC	ER 24 HRS
	Dec 30			MONTH	H DAY	YEAR			MONTHS DA	S HOUR	MIN,
Mal		Whit		01	12	1914	71	YRS			
OUNIRY	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	AAARRIE	NEVER	MARRIED -	9 BALTIMORE CITY		Y OF DEATH		
Illino	ois	U.S.A		WIDOWE		IVORCED	PRINCE GEO	RGE'S			MD
O CITY OR TOWN O			HOSPITAL, NURSING			TITUTION	12ª USUAL OCCUPAT			OF BUSI	NESS OR
CHEVERLY	100	PRINCE	GEORGE STA	GENER	RAL HOS	PITAL	TYPE OF WORK FOR MOST				
SUAL RESIDENCE	E MURSING HOME OR	OTHER IN CAUTAGO	GIVE RESIDENCE BEFORE				Cabinet Ma	aker	U.S.	Gove	rnmen
30 STATE	13b COUN		13c. CITY OR TOWN		13d INSIDE	CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COD	E		
Maryland	P.	G.	Greenbel	t	YES X	NO 🗌	205 Lakes:	ide D:	rive T-	-1 2	0770
4. FATHER'S NAME			Barry Pull		15 MOTHER	S MAIDEN NA					
Elmer		MIDOLE	Little		T	unice	WIDDLE			kus	
60 WAS DECEASED	EVED IN II S AD	MED EODCES?	16b SOCIAL SECUR		17 INFORM		ADDR	FSS11/			-
LYES NO OR UNKNOW	N) (IF YES, GIV	E WAR OR DATES)			The later				05 Long		
Yes _Arm	W.W	.II	327-01-0	935	Frank	lin L.	Breeden (St	epSon	Belts'	ville	, Md.
18 CAUSE OF	DEATH (Enter on	ly one couse per	line for (a), (b), and	(c)					APPR	OXIMATE IN	ERVAL NO DE ATH
PART I, DEA	TH WAS CAUSE	D BY: E CAUSE (0)	Leilin	her.	+ 0	lean L	en halian		11	cen	110
	IMMEDIAI	L CAUSE (U)	7								
			R AS, A CONSEQUE	/	1.	/	/				
Conditions, if		(b) 6	witroce	125	de	much !	icher (				
cause (a),		DUE TO. O	R AS A CONSEQUE	NCE OF	/						
underlying	couse lost.	( 10)	Richark	1							
PART 2 OTHER	SIGNIFICANT	ONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	IDITION G	VEN IN PART	lin	
	Da.Cl.	C. Color	I all n				WAL DISEASE ON CO.				
I I I DATE OF O	PERATION	TION COND	ITION FOR WHICH	DEBATIO	NI MAKA C DEDE	DRAFD	20e AUTOPSY?	Tank IE VE	S, WERE FIN	DINICELIE	50
THE DATE OF O	ERATION	TVB. COND	IIIDIA FOR WHICH	SPERMINO	IN WAS PERF	JKMED	208 AUTOPST		FYING CAUS		
÷											ATH?
TIE							YES NO	Y	ES 🗌	NO	
210. ACCIDENT W	AS UNDERLYING	110110 4		V VEAD	21¢ HOW II	NJURY OCCURE	RED (ENTER NATURE OF INJU				
0	CAUSE OF DEA	TH HOUR A.	M. MONTH DA		21c HOW II	NJURY OCCURE					
	CAUSE OF DEA	HOUR A.	M. MONTH DA' M.	Y YEAR							
OR CONTRIBUTION OF EITHER NOTIF 21d. INJURY OC	CAUSE OF DEA	H HOUR A. P. 218. PLACE	M. MONTH DA' M.	19	216 HOW II	ON		JRY IN ITEM 18			
OR CONTRIBUTING	CAUSE OF DEA	H HOUR A. P. 218. PLACE	M. MONTH DA M. OF INJURY	19	21f LOCAT	ON	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART		
OR CONTRIBUTION  (IF EITHER NOTIF  21d. INJURY OC  WHILE AT WORK	CURRED  OUT WHILE  AT WORK	HOUR A. P. 218. PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY	19 RM, ETC)	21f LOCAT	ON	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART	n	
OR CONTRIBUTING  OF EITHER NOTIF  21d. INJURY OF  WHILE  AT WORK  220.1 certify the  sow the de	CAUSE OF DEA	P. 218. PLACE (AT HOME, STI	M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA e deceosed from Z	RM, ETC)	211 LOCAT	ON 1, 19.85	RED (ENTER NATURE OF INJU	DWN	COUNTY	e) , that (I)	STATE (we) lost
OR CONTRIBUTING  OF EITHER NOTIF  21d. INJURY OF  WHILE  AT WORK  220.1 certify the  sow the de	G CAUSE OF DEAN MEDICAL EXAMINER CURRED  OUT WHILE AL WORK  Of (1) (this hospit excessed alive on, we) (did) (did) no	P. 218. PLACE (AT HOME, STI	M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA e deceosed from Z	19 RM, ETC)  8 /	211 LOCATI STREE	ON 1, 19.85	CITY OF TO	DWN	COUNTY	e) , that (I)	STATE (we) lost
OR CONTRIBUTION  (IF EITHER NOTIF  21d. INJURY OC  WHILE  AT WORK  220.1 certify th  sow the de above, (1) (	G CAUSE OF DEAN MEDICAL EXAMINER CURRED  OUT WHILE AL WORK  Of (1) (this hospit excessed alive on, we) (did) (did) no	P. 218. PLACE (AT HOME, STI	M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA e deceosed from Z	19 RM, ETC)  8 /	211 LOCATI STREE	ON T 19 5	CITY OR TO	DWN  Dwn  Ate and ho	COUNTY	, that (I)	STATE (we) lost
OR CONTRIBUTING  (IF EITHER NOTIF  21d. INJURY OF  WHILE AT WORK  22a. I certify th  sow the de abave, (1) (  22b. SIGNATUR	G CAUSE OF DEA  Y MEDICAL EXAMINER CCURRED  JOI WHITE  AT WORK  Of (I) (this hospit excessed alive on  we) (did) (did no)  E	HOUR A. P. 218. PLACE (AT HOME, STI	M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA e deceosed from Z	19 RM, ETC)  8 /	211 LOCAT STREE	ON T 19 (our) opinion of	CITY OR TO  the coursed on the or	OWN  Ote and ho	COUNTY  19 Et  220 DA  Lucy DA	, that (I)	STATE (we) lost
OR CONTRIBUTION  (IF EITHER NOTIF  21d. IN JURY OC  WHILE AT WORK  220. I certify th  sow the de above, (1) (  22b. SIGNATUR  22d. PHYSICIAN	G CAUSE OF DEA  Y MEDICAL EXAMINER CCURRED  JOI WHITE  AT WORK  Of (I) (this hospit excessed alive on  we) (did) (did no)  E  I'S NAME (TYPE O	HOUR A. P. 218. PLACE (AT HOME, STI 1) view the body	M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA e deceosed from Z	19 RM, ETC)  8 /	211 LOCATI STREE	ON T 19 (our) opinion of	CITY OR TO	OWN  Ote and ho	COUNTY  19 Et  220 DA  Lucy DA	, that (I)	STATE (we) lost
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OR CONTRIBUTION  (IF EITHER NOTIF  21d. INJURY OC  WHILE AT WORK  22a. I certify th  sow the de above, (1) (  22b. SIGNATUR  22d. PHYSICIAN	G CAUSE OF DEA  Y MEDICAL EXAMINER  CCURRED  JOI WHILE  JOI WHILE  JOI (I) (this hospit  Cecosed alive on  We) (did) (did no  E  JOI WHILE  COMMENT  COMMENT	HOUR A. P. 218. PLACE (AT HOME, STI 1) view the body	M. MONTH DA'M. OF INJURY REET, FACTORY, OFFICE, FA e deceosed from 1	19 .RM, ETC) , or	211 LOCAT STREE	ON 19 5 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	CITY OR TO  CITY OR TO  TO COURT OF INJURE OF INJURE  CITY OR TO	OWN  FF CIAN  SIONA	COUNTY  19 1  22c DA  L BUIL	, that (I)	STATE (we) lost
OR CONTRIBUTING  (IF EITHER NOTIF  21d. INJURY OF  WHITE AT WORK  220. I certify th  Sow the de above, (1) (  22b. SIGNATUR  22d. PHYSICIAN  T. BER	CAUSE OF DEA  Y MEDICAL EXAMINER  CCURRED  ON (I) (this hospit  excessed alive on  we) (did) (did no  E  CCURRED  I'S NAME TYPE O  GEMANN,  ION, REMOVAL	A HOUR A. P. 218. PLACE (AT HOME, STI 1) view the body  R PRINT) M. D.  23b. DATE	M. MONTH DAM M. OF INJURY REET, FACTORY, OFFICE, FA e deceosed from T after death.	19 RM, ETC)  , or	211 LOCATION STREET STR	ON  19 5  ATTENDING PHYSICIAN ESS CENTER  GREENE  CREMATORY	CITY OR TO  CITY OR TO  CITY OR TO  APPLICAL STA  DIRECTOR PHYSI  RWAY PROFES  BELT, M.D.  1234 LOCATION	DWN  Hate and ho  FF CIAN   SIONA  2077	COUNTY  19  19  19  19  19  10  10  10  10  10	-, that (I) he causes TE SIGNE	state (we) lost stated
OR CONTRIBUTING  OF CON	G CAUSE OF DEA  Y MEDICAL EXAMINER  CCURRED  AND WHITE  AT WORK  ON (I) (this hospit  Excessed alive on  We) (did) (did no  E  I'S NAME (TYPE O  GEMANN,  ION, REMOVAL	P. 218. PLACE (AT HOME, STILL) ottended the property of the body (AT POINT) M. D. 23b. DATE 5/4/8	M. MONTH DAM M. OF INJURY REET, FACTORY, OFFICE, FA e deceosed from 7 office death.  23c N C6	AME OF C	211 LOCATI STREE	ON 19 STEPPING PHYSICIAN PHYSICIAN CREENE GREENE CREMATORY emetery	CITY OR TO  CITY O	DWN  Acte and ho  FF  CIAN   SIONA  2077	COUNTY  19 COUNTY  19 COUNTY  220 DA  LULY  LULY  COUNTY  COUNTY	that (II) he causes IE SIGNE JA DING	STATE (we) lost
OR CONTRIBUTING  OF CON	CAUSE OF DEA  Y MEDICAL EXAMINER  CCURRED  ON (I) (this hospit  excessed alive on  we) (did) (did no  E  CEMANN,  ION, REMOVAL  1  PRGasch	218. PLACE (AT HOME, STILL 1) view the body  11 view the body  23b. DATE  5/4/8  S SONS	M. MONTH DAM M. OF INJURY REET, FACTORY, OFFICE, FA e deceosed from 7 office death.  23c N C6	AME OF Cedar	211 LOCATI STREE	ON 1 19 ST  ATTENDING PHYSICIAN E SS CENTER GREENE CREMATORY emetery 250. DAT	CITY OR TO  SUIT I and  E REC'D. BY REGISTRAF	DWN  Hote and ho  FF  CIAN   SIONA  2077  P  125b. REGIS	COUNTY  19 COUNTY  19 COUNTY  220 DA  LULY  LULY  COUNTY  COUNTY	ment of the couses of the signed of the couses of the signed of the couses of the signed of the couses of the couse of the couses of the couse of the couses of the couse of the	state (we) lost stated

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and coshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pagessy with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

ATTENDING PHYSICIAN: The

etoined by the hospital or attending physician

BP.

injury, or other troumotic event, the

If Hem 21 is morked or Item 18 shaws ony

IMPORTANT:

14	212	05
9 9	( G	)
e low requires that the death certificate be executed within 24 hours after death, Page 4 may be n.	to been signed by the ottending physician and completely filled in by the funeral director. page permit. Then please remove carbon pages. Pages Nand 2 should be filled within 72 hours ofter a office ne prior to burial, cremation, or removal.	
er deoth Po	within 72 ho	Some recommendation of the state of the stat
4 hours after	ed in by the	20
ed within 2.	mpletely full	
be execute	rs. Poges N	ne medicol
certificate	ding physic orbonpape or removal.	oric event, 11
t the death	y the offender ceremotion,	ner troumo
equires tho	ios been signed by the offending physic permit. Then please remove corbonpape ne prior to burial, cremotion, or removol	nlory, or o
n.	permit.	9

1 - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

5

1		REGISTRAR				CERTIN	ICAIL OI	PENIII	REC	, NO.		
		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEAT	HTMOM	DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	Fran	lc	W.	Lo	ngbor	1	May 10	198	5	6:00°
	3. SE)	X	1	RACE		5. DATE C			6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
8		Male	907	White	9	July		1916	6	1110	MONTHS DAYS	HOURS MIN.
70		RTHPLACE (STATE OR	FOREIGN 7	b CITIZEN OF	WHAT COUNTRY	/? 8	NEVER	MARRIED -	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
4		Ohio		U.S	. A .	WIDOWE		DIVORCED		Pr.	Geo.	MD
	10 C1	ITY OR TOWN OF DEA	ATH 1	1. NAME OF	HOSPITAL, NURS		R OTHER IN	STITUTION	12a USUAL OCCUP			F BUSINESS OR
20		t. Raini		-	- 32nd		et	60124	Ret. G		Super	visor
35	13a S	AL RESIDENCE (IF NURS STATE Md.	1136 COUNT	Geo.	134 CITY OR TO Mt. Rai	WN.	136 INSIDE YES	CITY LIMITS?	13. STREET ADDRE	ss / ZIP COD - 32nd		712) et
	14. FA	ATHER'S NAME	M	NDDLE	LAST	-	15. MOTHE	R'S MAIDEN NA/	ME	E	LAS	it.
20		Fran	k	D.	Longh	oon	J	anet	D.		McAd	dam
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORA	TNAM	AC	DRESS	Sa	ame as
1	. "	Yes	WW	II	225-0	5-0581	Car	oline 1	E. Longb	on (Wi		oove
		18 CAUSE OF DEAT								3 2 200	SETWEEN	4 mos.
		TAKE S DEATH A		CAUSE (0)	Oatc	ell C	ancer					4 mos,
				DUE TO, O	R AS A CONSEO	UENCE OF					1	
		Conditions, if any		( (b)_						3:10	11/	
		gove rise to immo		DUE TO O	r as a conseo	LIENCE OF						
		underlying couse	lost.	( (c)		027702 07						
		PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	AINAL DISEASE OR C	ONDITION GI	VEN IN PART 1	0
	o O											
0	AT	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PER	ORMED	200 AUTOPSY?		S, WERE FINDIN	
9	CERTIFICATION	OLD REAL							YES NO		IFYING CAUSES ES	NO
7	E E	21g. ACCIDENT WAS UNI		216. TIME C		DAM VEAD	21c HOW	INJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
9	AL	OR CONTRIBUTING		H HOUR A.		DAY YEAR						
1	MEDICAL	214 INJURY OCCUR		21e PLACE	OF INJURY		21f LOCA			R TOWN	COUNTY	STATE
	×	WHILE NOT WE	HILE	(AT HOME STI	REET FACTORY, OFFICE	E FARM ETC †	STRE	EI	CHYC	K IOWN	COUNTY	STATE
		22s.1 certify that (1)		ol) ottended th	e deceased from	Feb	ruary	19 84	to	Vav 10	19 85	that (1) (we) lost
		sow the deceas	ed olive on_	Apı	cil 19	0 ~	nd that in (m	y) (our) opinion (	death occurred on th	e date and ho	-	
		22b. SIGNATURE	aid) (did not	view the body	offer death		DEGREE	-			22c DATE	SIGNED
		13	the	mel				ATTENDING	MEDICAL PH	STAFF VSICIAN I	5-10	-1985
		22d. PHYSICIAN'S N.	AME (TYPE OR	PRINT)			22e ADDR		DIRECTOR   TH	JICIAN [		
1		Bruce 1	R. Kr	essel			2141	-K St.	, N.W.,	Wash.,	D.C.	
		BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY O	RCREMATORY	23d LOCATION		The state of	
		Burial		5-13-	-85	Ft. I	incol	n Cem.	Brenty	_	Pr. Geo	Md.
	_	UNERAL DIRECTOR	- 111						E REC'D. BY REGISTI			
84	N.	Valley's	F.H.	Inc.	Mt. Ras	inier.	Md.	MA	Y 17 1985	Trelia 1	buidson-A	andelle
	7,									-		

DHMH - 16 60M 7/84 (VRA 15, 4)

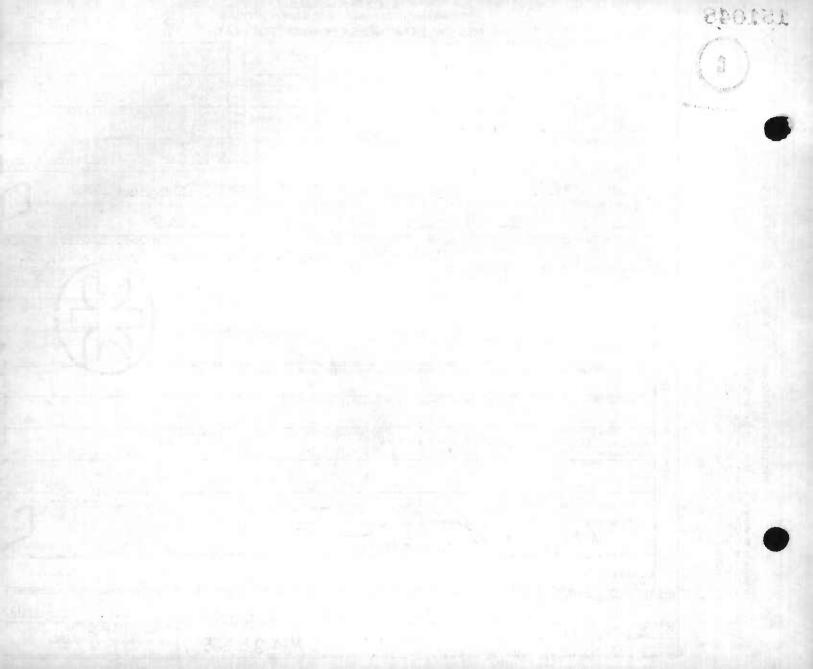
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the property of the party of th

4520	1.	FOR STATE REGISTRAR		DEPART	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IYGIENS   5 2 6 0				
		CEASED NAME FIRST		MIDDLE	- 1	AST		MONTH DAY	YEAR 26	HOUR	
18		ETTA	LE	EE	Loc	NEY	5-6	-85		5 M	
(C)	3 SE	X	4 RACE		5. DATE C		& AGE IN YEARS LAST BIRT			UNDER 24 HRS	
1		FEMALE		CASIAN	1		54	YRS			
8	V:	RTHPLACE (STATE OR FOREIGN OUNTRY)  LYGINIA	US	WHAT COUNTRY?	WIDOWE		BALTIMORE CITY O			GE) MD.	
Car C	) C	LAUREL	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS) .	ngs South	Trame Te	ON F WORKING LIFE) PCN	12b. KIND OF B INDUSTRY C&P T€	usiness or	
outd be fill	13a :	AL RESIDENCE IF NURSING HOME G STATE 136 COU MD . P . (	NTY	136. CITY OR TOW LAURE		131 INSIDE CITY LIMITS?	is street address	<b>#</b> 11	20	107	
O September 2 showing 2 sh	14 F/	ATHER'S NAME FIRST  UNKNOWN	MIDDLE	LAST		15. MOTHER'S MAIDEN NAME CAREU	LEE		FISHËÄ (	CK CK	
Pages 1 t, the me		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GN NO	RMED FORCES? /E WAR OR DATES)	230-30-		JACKIE L.	GORDON Ba	ss 7734 1to Mc	Wash-	7 #2Yd	
peen signed by the attending. Then please remove carbon for to burial, cremation, or relany injury, or other traumat	TION	Conditions, if ony, which gove rise to immediate cause to storing the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, CONDITIONS C		INCE OF A DEATH BUT	DIAL INT		DITION GIVEN			
Hygiene print.	CERTIFICAT	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYIN	VERE FINDINGS NG CAUSES OF	DEATH?	
s the burial-transit th and Mental Hyo marked or Item 1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE [IF EITHER, NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED	ATH HOUR A P 21s PLACE	OF INJURY  .M. MONTH DA  .M.  OF INJURY  IREET, FACTORY, OFFICE, F	19	21t HOW INJURY OCCURE	RED LENTER NATURE OF INJUI		1 OR PART 2) COUNTY	STATE	
d be detached for use as the State Dept. of Heali ORTANT: If Item 21 is	•	WHILE NOT WHILE AT WORK  270 I certify that (I) (this hasp sow the deceased alive at above, (I) (we) (b) (did not b) (did not	of) view the body	y ofter death.		of the 19 / S  Indicate the time (my) (aur) aprinion of the company of the compan	MEDICAL STAL	F		SNED 85	
shoul with	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	DUNTY	STATE	
	24 51	BURTAT.  JNERAL DIRECTOR	5/9/	85 L	EEDS	CEMETERY	HUME FA	UOUTE	R	VA.	
HMH-16 25M RA 15, 4) 1/79	I	Fleck Funera	1 Home	Laure1	601 Md.	Sandy Spring	9 1985	A SECULTARIA	wor fall	الملك	

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1.51	048	١.	FOR		D	EPARTMI			ARYLAND AND MENTAL	HYGIEN	IE ( E	2	6		
4			STATE REGISTRAR		MED	ICAL E	MIMA	ER'S C	ERTIFICATE	OF DEA	TH REC	S. NO.	0		
N	1		CEASED NAME	FIRST		MIDDLE			LAST		20 DATE KNOW		ONTH DAY	YEAR	26 HOUR
1	(xxC=)	(10)	e OR PRINT)	Nancy	7	L.		]	Loyd	300	OF ESTI-		5-23	1985	,
	NEED L	a'SE		4. RACE	5. DATE OF BIRTH	YEAR	AGE (IN YEA	RS IF UN		ER 24 HRS	2c DATE PRONOUNCED	MČ	ONTH DAY		24 HOUI 5:55
	8.18g.8	-	emale	White		1960	24 YR	S.	S DAIS HOURS	MIN	DEAD		5-23	1985	p. A
0	WIND WAR		RTHPLACE (ST PREIGH COUNTRY) ashingt	on, D.C.	U.S.A.	AT COUNTR	Y?	8 MARRIE WIDOWI	ED NEVER MAR	E-2	9 BALTIMORE CI Prince	_			У, мі
	PAGE S	H	yattsvi	lle	11. NAME OF HOSP (16 NOT IN SUCH FACE 5711 3	Oth AV	et address) Venue		er institution	BOO	MOST OF WORKING LIFE K Binder	(TYPE OF V	VORK 12b K	OR INDUSTR	SINESS
.21201	ANA SANA SANA SANA SANA SANA SANA SANA	Ma	ryland	P.G	OR OTHER INSTITUTION, GIVE NTY	RESIDENCE BEF 13. CITY OF Hyat			138. INSIDE CITY LIMITS? YES A NO [	_  ¹³55TR	EFT ADDRESS A	venue	207	82	
RE, MD.	C AND	1	James		Macon	Los			15 MOTHER'S MAI Mary	DEN NAME	Louise			arent	
ALTIMO	AFTER DE SIVE PAGE IN FORM AGES 1 A VISION OF	16a. V	WAS DECEASED ES, NO, OR UNKNO NO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		1 SECURITY 80-072		Mary L.	Rohls	(Mother)			lison	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	D BE EXECUTED WITHIN 24 HO ENDING" IN PENCIL IN ITEM 1 MEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PERMI ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	7	Canditian gave ris cause (a) lying cau	is, il any, which e ta immediate stating the <u>under</u> se last.	DUE TO, OR A	as a conse	QUENCE C	)F			pecified		DE.	TWEEN ONSET	AND DEATH
ITAL RECO	SHOULD BE ENDING CHIEF MEDIC CHIEF MEDIC E USED AS A I T OF HEALTH	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDITI	ON FOR WE	HICH OPER	ATION W	AS PERFORMED?				20	AUTOPSY?	
DIVISION OF V	S CERTIFICATE SHOULD RITING THE WORD "PI RDED TO THE CHIEF I SE 3 SHOULD BE USED TO PREOR TO BURIAL, SOI PROR TO BURIAL,	MEDICAL CER	UNDERLYING CONTRIBUTION 21d. INJURY O	L CAUSE WAS  XXOR  NG CAUSE OF  CCURRED  NOT WHILE X  AT WORK	21e PLACE OI STREET, FACTO	MONTH D 5-23 FINJURY ( DRY, FARM, ETC.)	19 85	su il loc	bject was	shot	CITY OR TOWN		COUNTY		STATE
•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWAL TO FUNERAL DIRECTOR: PAGE PERFER DEAH, WITH THE STATE BALLIMORE, MARYLAND, 212	/		y that I taak charged Natur	ge al the remains descr ral causes	Mey	J. Sui		11 30th A y XX. Inspect Hamicide XX TITLE (SPECIFY) D. Assistan	Under	Inquiry , ermined manner [	and in	My apinian	.,Md. 5-24-	-85
	A SECUMENTER SECUMENT		TYPE OR PRIN	1T)	nnis F. Sm						St., Balt	to.,	Md.	21201	
07/84	Bb B		Bur		3/28/83	For	rt Lir	ncoln	Cemetery	CITY	entwood	I	COUNTY P.G.	Mary	land
25M	DHMH - 17	Fr	UNERAL DIREC	asch's S	ons Funera	1 Home	e. P	Δ.	25a. DAT	E REC'D. BY	REGISTRAR, 256				41.5
	(VR A15 ME (5))	47	39 Ralt	imore Av	enue_Hvatt	evill.	e Md	207	MAY	281	985 / the	waved	son-Ma	notable	



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TOOTOD	+	REGISTRAN		ME	DICAL EXAM	INER'S C	ERTIFICAT	E OF DEAT	H REG	. NO.		
1		CEASED NAME	FIRST		MIDDLE		LAST	20	OF ESTI-	HTHOM XX	DAY YEAR	2h HOU
( Sec 2)	1		Mary		C.		Lyle		DEATH MATED	prints	-26 19 85	
198 B	3. SE	6 4. R	ACE	5 DATE OF BIRTH		IN YEARS IF UN			. DATE	HINOM	DAY YEAR	14 1100
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ZEN OS		TY OR TOWN OF	DEATH	II NAME OF HOS	PITAL, NURSING H			12a USUA	Prince (	(TYPE OF WORK	126 KIND OF BI	USINESS
を	1 .			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Andrews Air Force Base  FOR MOST OF WORKING LIFE)  Sales Clerk							Retail	TRY
- SON SON	USU	amp Sprin	IGS I NURSING HOME C	A NOT EWS	VE RESIDENCE BEFORE ADI	MISSION)				2	0748	,
8 59E5854	MERCONT	TATE	13b COUN	George's	13c. CITY OR TOW	IN Tai chte	13d. INSIDE CITY LIM	13e STREE	- 23rd	DI	0140	
o TAMER	Personal	THERS NAME	FITHCE	deorge !	Mariow I	TerRing	15 MOTHER'S M		- 2)14	I.T.		
4-196/	1	John		MIDDLE	Chapman		Salli		MIDDLE	C	hifflet	4
8 85 X 8 L	160 1	VAS DECEASED EV	/ED INITIS ADA		16b. SOCIAL SECU		17. INFORMANT				Circle,	
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A SAN A SAN A	-	No			577-16-39		morotny	L. Stum	pf Vier	ma, va		
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A TANGER		110	IMMEDIAT	re CAUSE (a)			Chest					
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E PASSES		gave rise	if any, which to immediate	(b)								
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L RECOR	ģ											
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E. WR WARE STATE	1	AT WORK		x r	oad	Rt	5 at 0	ld Alexa	ander Fe	rry Rd.	,Clinto	on,
P. ST. P.	1	22g Leggify th	at I took chara	e of the remains des	(body onl	y)	y XX Insp	ection .	Inquiry P	rince C	George's	Co.
#2x0±3/	1	death resulted		of couses	Accelera XX	/ Suicide	, Hamicide		mined manner	7.	,	Md.
AAPA WHEN WATER	9	1	1.	1/2/2	7 4	TIA	TITLE (SPECIF					
		ACTUAL SIGNATURE	Illu	we TX	Drugth,	Mul	D Assist		AL EXAMINER	DATE	5-27	7-85
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<b>■</b> 公光型器計	1	EXAMINER'S NA	ME De	nnis F. S	myth, M.D	).	ADDRESS11	l Penn S	St., Bal	to., Mo	d. 2120	)1
524544 _	23a. B	URIAL, CREMATIO			23t. NAME OF			23d LOC	ATION		LITY	
07/84 BP	1	Burial	Table 1	5/29/85	Cedar	Hill (	Cemetery	Sui	tland	P.G.	Marylan	id
25M DHMH - 17	24. F		R	40200	6160 Oxo	n Hill	Rd. 250. D	ATE REC'D. BY R	REGISTRAR 256 F	REGISTRAR'S S		10
(VR A15 ME (5))	G	eorge P.	Kalas :	Funeral H	ome Oxon	Hill, N	id. M.	AY 311	985	יוטעון ייין	- yandalle	

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DE TELT THORES AND PLANE.

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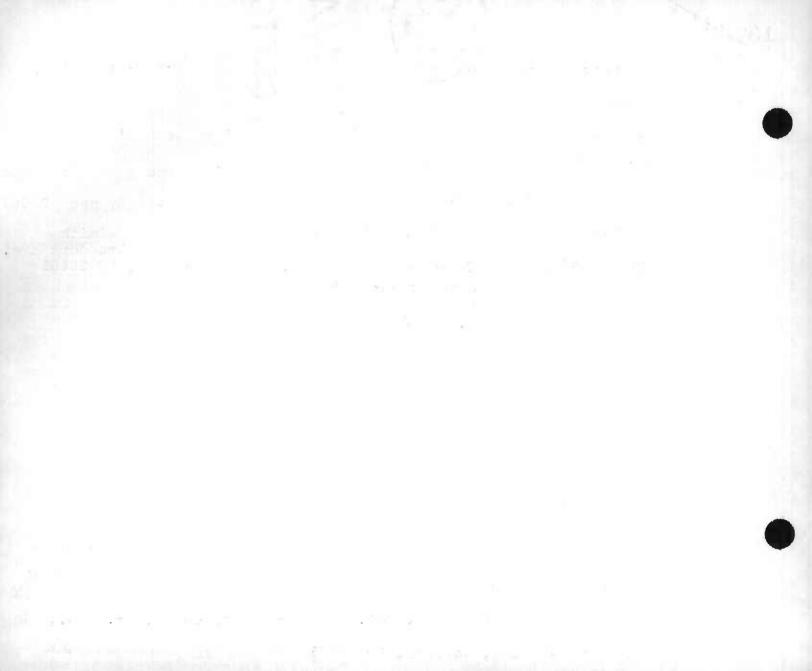
Line Education 2015

The leaffling gradway file what it is

DHMH - 16 60M 7/B4 (VRA 15, 4)

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

137824	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENJ REG. N	5 2	6 4	
		CEASED NAME FIRST	-	MIDDLE	Į.	AST	20. DATE OF DEATH	MONTH D		2b. HOUR
( e )	11.07		RLES	MAHON			1	IAY 10	1985	1000A M
(, a)	3. SEX	(	4. RACE		5. DATE C		6 AGE (IN YEARS LAST OF	_	ONTHS DAYS	IF UNDER 24 HRS
		Male	Caucas	sian		mber 7,1946	38	YRS.		
heoth. Po	]	RTHPLACE (STATE OR FOREIGN OUNTRY)  New York	USA		WIDOWE		Prince G			MD.
by the fund with	19	drews AFB		HOSPITAL, NURSIN		pital	120 USUAL OCCUPAT (14PE OF WORK FOR MOST OUS Air Fo	OF WORKING LIFE	INDUSTRY	BUSINESS OR
filled in hould be	13a. S		other institution.	GIVE RESIDENCE BEFORE 134. CITY OR TOW Waldon	N_	YES NO			Avenu	e 20601
ompletely ond 2 st	1	THER'S NAME FIRST  James	WIDDLE	Mahor	-	Elsie	MIDDLE		Smi	
on ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)   I I FYES, GN YES Viet	MED FORCES? WAR OR DATES! Nam	166 SOCIAL SECU 127-36-		Carol L. M		dorf,	MD 2	ert Ave. 0601
equires that the death certificate in signed by the attending physici. Then please remove carban paper it buriol, cremation, or removali. injury, or other traumotic event, the	NOI	18 CAUSE OF DEATH LENTER ONLY DE COUSE PET CARDIOPULMANARY ARREST  PART I. DEATH WAS CAUSED BY:  DUE TO, OR AMETAS PART EOPANCREATIC CANCER  Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
he low re on. has been to permit. It permit. I ownowy ii	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES (	GS USED OF DEATH?
IYSICIAN: The ding physicia physicia physicia is certificate buriol-transit Mental Hygie ri flem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALER NOTIFY MEDICAL EXAMINED	HOUR A.	M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RI I OR PART 2)	
ING PHYS r after this as the builth and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE I	FARM ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
TTEND pital o		220 I certify that (I) (this hosp saw the deceased alive an above (D)(we) (aid) (did no			0.0	nd that in (my) (our) opinion o	death occurred on the d			hot (I) (we) lost ouses stated
by the hos by the hos ERAL DIREC edetoched State Dept		22b. SIGNATURE Seth	Shull	nest.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S 10 N	MAY 85
TO HOSPITAL etained by the TO FUNERAL should be derived to the State with the State		22d. PHYSICIAN'S NAME JTYPE OF	LHORST			ANDREWS	AFB, WASHI	MED CT	R (MAC D.G. 2	3)/SGRA 0331-5300
E E E R 2 Z	230 B	SURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP	_	urial	5/14/	85 Md	. Vet	. Cemetery	Chelten			
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 Ft	INERAL DIRECTOR Untt Funeral	Home,	Waldor	f, MI	20601 MA	Y 1 4 1985		vidson-R	

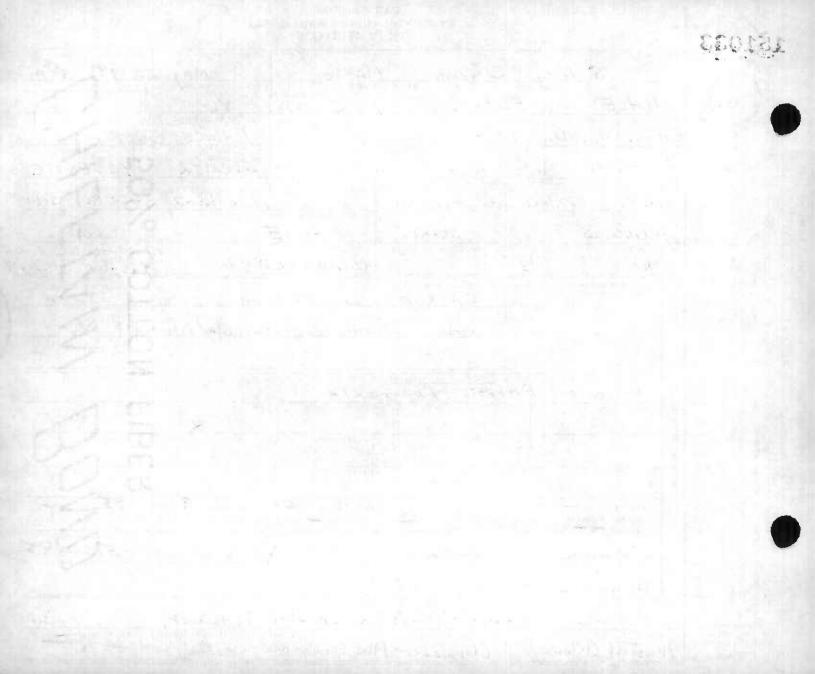


# TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the I should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages a mid 2 with the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal. MADRIANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical marries must be builted. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 retained by the haspital or attending physician.

STATE OF MARYLAND

1					2 4	140 1	
200	1-	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE)	2 6 0 3	
33		REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
1		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26	HOUR
		Sydne		MAKIE	MA	4 22 1485	3-71M
	3. 5EX	1111-	PIACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRE		OURS MIN.
:	2/ bit	THPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	9 2 1898	9 BALTIMORE CITY O	YRS P. COUNTY OF DEATH	
Z	1.5	PAS. CO. MD.	11< A	MARRIED NEVER MARRIED	PRINCE		
2/	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 126, KIND OF BI	USINESS OR
C	A	DUASCO	(IF NOT IN SUCH FACILITY, GIVE STREET 17500 AQUASCO)	FARM ROAD	FARMER	WORKING LIFE) INDUSTRY DOME.	STIC
72	USUA 13a S	TATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW	I 13d INSIDECITY LIMITS?	13e STREET ADDRESS	ZIP CODE	0.1
9	A EA	THER'S NAME	NCE GEO AGUAS	YES NO 15. MOTHER'S MAIDEN NA		SCO FARM RD	, 2060
60	IA	UGUSTUS	MIDDLE LAST	FIRST		GROS	2
		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRE	SS 17500 AQUA	SCO FA
/	(4	N O	N A	REGINA NE	WMAN	AQUASCO,	40.20
		18 CAUSE OF DEATH (Enter o	nly one cause per line for (o), (b), an	dicii		APPROXIMAT BETWEEN ONSI	
eveni		PART I. DEATH WAS CAUS	to	Shir			
corbe , ar r			DUE TO, OR AS A CONSEQUE	ENCE OF		V	
ront		Conditions, if ony, which gove rise to immediate	(b) Asperio	sclentre Corde	VASCULA D	serse 4	42
other		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF			
5		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	
njury,	NO.	Rheundford	A ( /	revenonia			
= '	P 1	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS	
h	V		THE COMMITTOR WITHOUT			IN CERTIFYING CALISES OF	
2	RTIFICA				YES NO		
20	CERTIFIC	21a. ACCIDENT WAS UNDERLYING [	21b. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO	YES N	DEATH?
29		OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR 19	YES NO	YES N	DEATH?
29	MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D.	19 211 LOCATION	YES NO	YESN	DEATH?
29		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 211 LOCATION SIREET	YES NO NO NEED (ENTER NATURE OF INJUR	YES NOT THE PART OF PART 2)	DEATH?
2		OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK 220 I certify that (I) (this hose	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 211 LOCATION STREET	YES NOTER NATURE OF INJUR	YES NOT THE PART 1 OR PART 2)  WAS COUNTY  TO THE PART 1 OR PART 2)	STATE
29		OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK  22a. I certify that (1) (this has saw the deceased alive o above, (1) (and (did in the late))	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 21f LOCATION STREET  12118, 19 49 85, ond that in (my) Lawy opinion	YES NOTER NATURE OF INJUR	YES NITEM IS PART 1 OR PART 2)  WHA COUNTY  The ond hour and from the cau	STATE  1 (I) (wellast uses stated
29		OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK 220 I certify that (I) (this hose	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 21f LOCATION SIREET  13118, 1949  55, ond that in (my) Lower opinion DEGREE	YES NOT	YES NOTITEM IS PART 1 OR PART 2)  WAN COUNTY  TO DO THE ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	STATE  STATE  It (II) (we last uses stated SNED
29		OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK  22a. I certify that (1) (this has saw the deceased alive o above, (1) (and (did in the late))	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 21f LOCATION SIREET  13118, 1949  55, ond that in (my) Lower opinion DEGREE	YES NOTER NATURE OF INJUR	YES NOTITEM IS PART 1 OR PART 2)  WAN COUNTY  TO DO THE ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	STATE  1 (I) (wellast uses stated
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29 1	WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK  220 I certify that (I) (this has, saw the deceased alive o above, (I) (and (did in 22b) SIGNATURE  22d PHYSICIAN'S NAME (TYPE  Thomas L.  URIAL CREMATION, REMOVA	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F  OI) view the body offer death.  OR PRINT)  OR PRINT)	AY YEAR 19 211 LOCATION SIREET  1318, 1949  5. ond that in (my) Law opinion  DEGREE ATTENDING PHYSICIAN  22e ADDRESS	YES NO NEED (ENTER NATURE OF INJUR  CITY OR TO  death accurred on the de  MEDICAL STAF  DIRECTOR PHYSIC	YES   No	STATE  1 (I) (we last sees stated GNED STATE
MPCKI ANI: If Hem 21 is morked of Hem 18 spews only	WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DE (HE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED NOTIFY OF ALL WORK A	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F  OI) view the body offer death.  OR PRINT)  L 23b. DATE  23c. 1	AY YEAR 19 211 LOCATION SIREET  3318 19 49  5 ond that in (my) (and) opinion  DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NOT	YES NOT NOT THE MEDICAL PART 2)  WAS COUNTY  COUNTY  122. 19 85, that one and hour and from the cau  22c. DATE SIG	STATE  STATE  It (II) (we last uses stated SNED

DHMH - 16 60M 7/B4 (VRA 15, 4)



(VRA 15, 4)

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	. 3		REGISTRAR	MI	EDICAL EXAMI	NER'S C	ERTIFICATE OF D	EATH REG. NO.					
- comp	1		CEASED NAME FIRST	4	MIDDLE		LAST	20 DATE KNOWN	MONTH DAY YEAR 26 HOLL				
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1 13	45000 H	3. SE)	T4 RACE	IS DATE OF BIRTH	H I6. AGE (IN	YEARS IF UN		/ / /	MONTH DAY YEAR 124 HOU				
1 22	第二三十二		11 11	MONTH DAY	YEAR LAST BIRTI	HDAY) MONTH		PRONOUNCED	- (+30)				
-	6856		100 W	AUG 6, 1	911 73	YRS.		DEAD M-	7/7, 19 00 DA				
-	A STATES		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF V	VHAT COUNTRY?	8 MARRI	ED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH				
	575 F	NE	W JERSEY	U.S.	A.	WIDOW	ED DIVORCED (	1 /Vince	E-ove-er ME				
	日本光田		TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HO	ME, OR OTH		USUAL OCCUPATION (TYPE (	OF WORK 126 KIND OF BUSINESS OR INDUSTRY				
	358#37	4	Laure/	6-ve-27	CILITY, GIVE SPREET ADDRESS	1B	Loville Hos	C TEACHE					
_ 1	SELECTION TO	USUA	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMI	SSION)		)	N				
21201	F ANY BENEFIT SHOULD BE CORD	13a S			13c CITY OR TOWN		8.77v. 4	STREET ADDRESS	DALE BOAD COTOR				
	SHA SHA			GEORGES	BELTSVILL	<u> </u>			DALE ROAD 20705				
W	PM 3.2.	34. FZ	ATHER'S NAME FIRST	MIDOLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST				
J. S.			м. W.		MANNING			DALEN	EAGAN				
WI	FORM FORM ON OF	16a V	VAS DECEASED EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR	ITY NO.	17. INFORMANT DIRE	CTOR ADDRESS					
BALTIMORE, MD.	JRS AFTER S. GIVE PA WITH FOR I. PAGES I DIVISION		NO		193-44-	6791	BR. GABRIE	L CANNON, F.S.	C. SAME AS 13				
			18 CAUSE OF DEATH (Enter on	ly ane cause per lir	ne for (o), (b), and (c).)	,		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	24 HOU ITEM 1 LONG PERMI GIENE, VAL.		PART   DEATH WAS CAUSE	D BY: TE CAUSE (a)	Aon	De	Myoc	revelal D	150				
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er m	WITHIN 2: INCIL IN II AINER ALC TRANSIT P VITAL HYG OR REMOV		Conditions, if ony, which										
>	325658		gave rise to immediate couse (a) stating the under-		R AS A CONSEQUENC	F OF							
5	ECUTED WITH 5" IN PENCIL 1. EXAMINER URIAL - TRANS ND MENTAL I		lying cause lost.										
S.	S S S S S S S S S S S S S S S S S S S		PART 2 OTHER SIGNIFICANT CONDITIONS	(C)	II BUY DOY BELAYED TO THE YE								
ORC	SHOULD BE EXECUTED  SHOULD BY THE MEDICAL EXAM  THE MEDICAL EXAM  OF HEALTH AND MEI  JRIAL, CREMATION, (	z	A /	CONTRIBUTING TO DEAT	n but not setated to the te	SWINAL DISEASE	UK CUMUITIUN GIVEN IN PAKT TIO						
Ü,	AS A CREA	9	198. DATE OF SPERATION	ne		50 17101111	44 05050004500						
AL .	A TEBER	CERTIFICATION	198. DATE OF EPERATION	196. CONE	OITION FOR WHICH OP	EKATION W	AS PERFORMED?		20 AUTOPSY?				
1	WORD WORD WORD WORD WORD WORD WORD WORD	Z F	LON	e					YES NO N				
o !	CERTIFICATE S TING THE WO DED TO THE G 3 SHOULD BE DEPARTMENT I PRIOR TO BU		210 EXTERNAL CAUSE WAS	216 TIME O	DF INJURY M. MONTH DAY YE	AR 21c. HC	OW INJURY OCCURRED 150	TER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)				
N N	SHOU SHOU	3	CONTRIBUTING CAUSE OF										
/ISI	CERT DED DED 1 E 3 SF DEP A	MEDICAL	214 INJURY OCCURRED		OF INJURY (AT HOME,		CATION						
5	WRIT WRIT WRIT WRIT SOL	\$	AT WORK AT WORK	J STREET, FA	CLORY, PARM, ETC.)	3	IKEE	CITY OR TOWN	COUNTY STATE				
	STA STA												
	EXAMINER CERTIFICATI DULD BE FOR L DIRECTOR: (, WITH THE MARYLAND	101	220 I certify that I took charg	F 7					in my opinian				
	XAMIN ERTIFIC LD BE DIRECT WITH T		death resulted from: Natu	rol causes 🔼,	Accident,	Suicide 🔲	, Hamicide 🔲 , Ur	idetermined monner,					
	A SECTION		ACTUAL /	1	2		TITLE (SPECIFY)		DATE!				
	KESKE -	,	SIGNATURE	((0)	Jen	M	D. Nep.	MEDICAL EXAMINER	DATE 12915 11885				
	NO N		EXAMINER'S NAME				4040 0001						
	TO MEDICAL EXAMIN  FACE 4 SHOULD BE TO FUNERAL DIRECTO  AFTER DEATH, WITH THE BALFWORE, MARYLAN		(TYPE OR PRINT) TOHN	S. ROGER	RS		ADDRESS 1919 SEM	INARY RU., SIL	VER SPRING, MD.				
	ON PACE A	23a.B	URIAL, CREMATION, REMOVAL	236 DATE	23¢ NAME OF C	EMETERY O	R CREMATORY 230	LOCATION CITY OR TOWN	COUNTY STATE				
07/84	BP		BURIAL	5/17/85	CHRIST	IAN BR	OTHERS CEME.	AMMENDAL					
25M	DHMH - 17	24 F	NAME FRANCE	TO T AGA	LITNS		IMAYO	BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE				
	(VR A15 ME (5))		500 UNIV. BLVI	D.W.SIL	VER SPRING.	MD. 2	0901	1985 A La Day	ridson Bankago				

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Manning Month 1 Doy 85 Year Harry E. May 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR lost birthdoy) March 10, 1932 MONTHS DAYS HOURS Male Cauc. 7o. BIRTHPLACE (Stote or foreign country) Penna. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED **USA** WIDOWED | DIVORCED [ Prince Georges ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Give street oddress)
Southern Maryland Hosp. Cen. Pressman INDUSTRY W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Clinton Pressman Printing 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1604 Thomas Road odmission) STATE 13b. COUNTY Md. Ft. Washington NO 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Florence Reich Manning Leroy 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes. no. or unknown) 217-28-7988 Betty J. Manning Korea 52-54 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Conde IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 301 190. OATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO 🗍 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 1 - 1 - 1971, to 5 - 2, 1980, that (I) (we) last saw the deceased alive an 1980, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF May 3, 1985 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Dr. Dobson Clinton, Maryland 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) burial (Specify) Quantico National Triangle, Virginia May 6, 1985 24. FUNERAL DIRECTOR

Murphy Funeral Home-Falls Church St. F/C Va. 25b. REGISTRAR'S SIGNATURE DHMH-16 1/71 30M Julia Deviden (VR A15 (4))

STATE OF MARYLAND

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTS 4. RACE & AGE (IN YEARS LAST BIRTHDAY) 1. SEX YEAR emale 78 In BIRTHPLACE I STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 115510 WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY Maryland Montgomery Germantown 13d. INSIDE CITY LIMITS? 17401 Siever Ct YES [25] 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Mikhail Pavlovich Valentina Isavev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT George Marinenko-son- (same as 13e) 577-44-8042 18 CAUSE OF DEATH (Enter only one cause per lipe-for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from saw the deceased alive above, (1) (we) (did taid not) and that in (my) Dur) opinion deoth occurred an the date and hour and from the causes stated 226. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN FUNERA old be d 22d PHYSICIAN S NAME THE COMMUNICATION 22e ADDRESS

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR Hines Rinaldi Funeral Home

230. BURIAL, CREMATION, REMOVAL

Burial

Myron Lenkin, MD

23b. DATE

5-14-1985

Sil. Spr. Md.

23¢ NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery 11800 N.H. Ave.,

2309

23d LOCATION Washington, D.C. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Shorefield Road, Wheaton, Maryland

NOF

STATE

2h HOUR

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

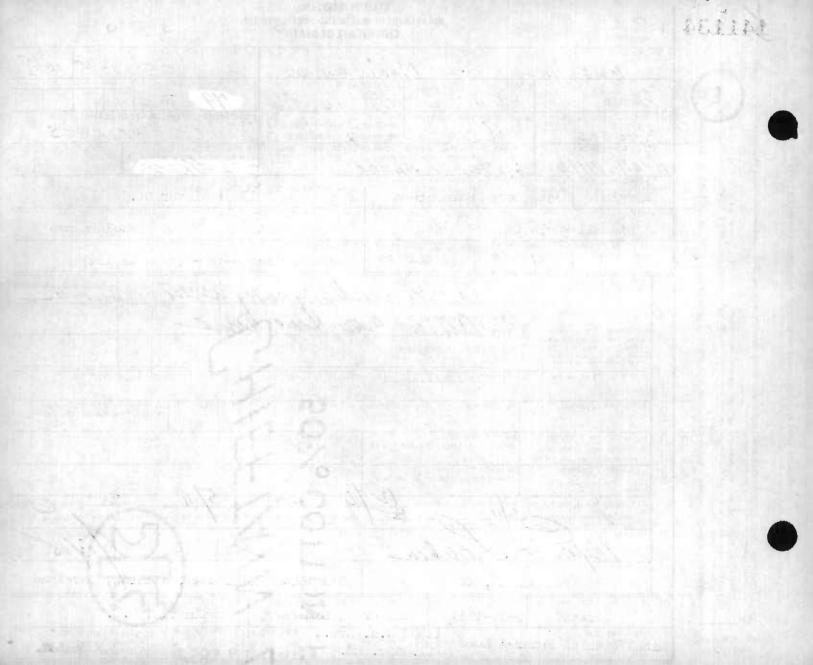
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Davidson-Randall

IF UNDER 24 HRS



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PAGE 5 PAGE 5 S, 201 W	10. C	CITY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (TYPE OF WORK IN FOR MOST OF WORKING LIFE)	26 KIND OF BUSINESS OR INDUSTRY
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SHE SHE	7	SIGNATURE MEDICAL EXAMINER SIGNED	11= y 23 /9/0
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		wrial May 28, 1985 Gate of Heaven Silver Spring Mont.	Maryland
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DHMH - 17 (VR A15 ME (5))	50	10 University Blud W Silver Spring Md MAY 31 1985 June Dourds	on-Randall



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CAL EXA SHOULD ERAL DIR YE, MAR	1	SIGNATURE	-01	of the	M	D. Carga	MEDICAL EXAMIN	IER SIGNE	8/2/3/18U
95 4 N S S V	1	EXAMINER'S NAME	T= 1101	PACTE	20	1010	3	10201	i en account
TO MEDICAL EXAL EXECUTE THE CERT PAGE 4 SHOULD & TO FUNERAL DIRE A ATTER CEATH WIT BALTIMORE, MARY		(TYPE OR PRINT)	IOHN S.	KOULK	~ <u></u>	ADDRESS_/9/9	SEMIN	MA Kd	SILVER SIKING
<b>EPA720</b>	23a. B	JRIAL, CREMATION, REM	OVAL 236. DATE	23c. NAME OF	CEMETERY OF	CREMATORY	23d LOCATION	COUN	NTY STATE
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4739 Baltimore Avenue Hyattsville, Md. 20781

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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 157056 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH (TYPE OR PRINT) MATOUSEK 5. DATE OF BIRTH MARY 1985 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) Female White 7 1893 YEAR Sept 91 TO BIRTHPLACE A STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George Czechoslovakia USA WIDOWED X DIVORCED [ IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Malcolm Grove Hospital INDUSTRY A.A.F.Base Housewife 136 COUNTY Forestville 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 6601 Lacona Street Pr Geo Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME complete Vavrička MIDDLE Barbara Valenta Vincent 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 103 24 8694 Frank Matousek/Son Same as #13 18. CAUSE OF DEATH Enter only one couse per linOARD IO PULMONARY ARREST PART I. DEATH WAS CAUSED BY: ANNEST CARDIO-PULMENANY IMMEDIATE CAUSETO DUE TO ORMETASTATE GE GARCINOMA KMETASTATIC CANCINUMIA Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 71r HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE certify that (1) (this hospital) attended the deseased from

mody after death

MD

MPORTANT

DHMH - 16 50M 4/83 (VRA 15, 4)

GARY L. GREEN 23a, BURIAL CREMATION, REMOVAL 23b. DATE ISPECIFY) Burial

Suitland

deceased alive on

24May1985 Cedar Hill Cemetery 24 FUNERAL DIRECTROBERT E Wilhelm Funeral Home Maryland

DEGREE

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING .

Suitland

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MALCOLM CROW HEAF MEDICAL CENTED ANDREWS

MEDICAL PHYSICIAN PHYSICIAN

July Davidson

Maryland

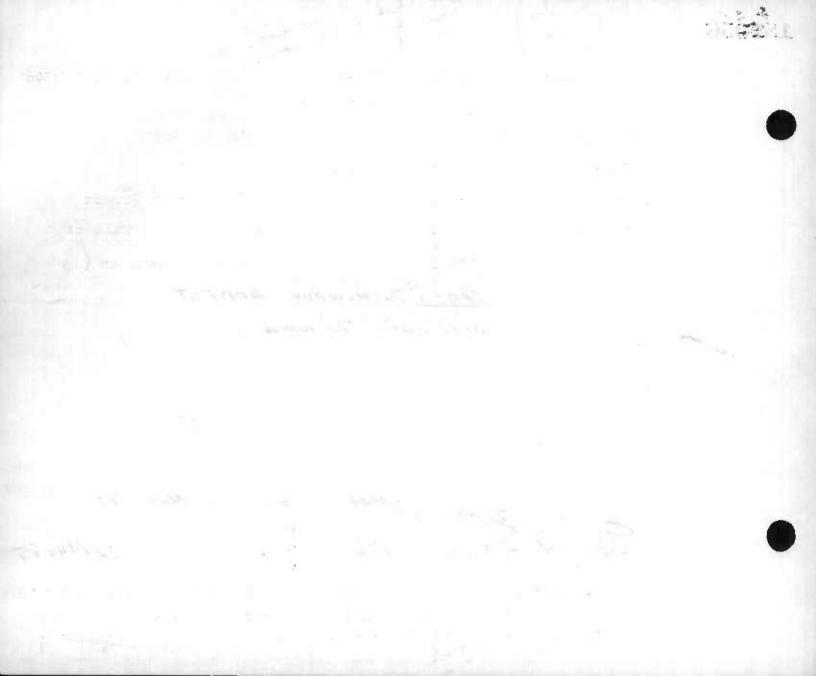
22c DATE SIGNED

26 HOUR

Home

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO  $\square$ 



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH I. DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) 85 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH IF LINDED 21 MDS MONTH YEAR 01 BIRTHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY ( STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY PRINCE GEORGE'S NORTH CAROLINA U.S.A. WIDOWED DIVORCED | B CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FORESTVILLE REGENCY NURSING HOME INVESTIGATOR, State of N.C. Ret'c USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136. COUNTY 136. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Route 6, Box 805 NorthCarolina ORANGE 27298 HILLSBOROUGH 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDI F MIDDLE SARAH JOE **CEPHUS** HENDREY 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 240-34-5522 Dolores Chadwick, 7317 Roselyn La. Clinton, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ] PART I. DEATH WAS CAUSED BY. neumonia IMMEDIATE CAUSE (a) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF esces Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NOIXX Нув 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION ò CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (dail) (did not) yew the body after death and that in (my) (even opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED SEANATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN May 20,1985 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be 6501 Landover Rd., Cheverly, Md BARRY ROSENBERG, M.D. 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Wilmington, North Carolina BURIAL MasonboroBapt.Ch.Cem. May 23,1985 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE LEE FUNERAL HOME-GORE 6633 Old Alex-DHMH - 16 50M 4/83 a lavidson gandere (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 144129 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2b. HOUR DECEASED NAME 2n DATE OF DEATH MONTH (TYPE OR PRINT) PATRICE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHOAY) IE UNDER I YEAR MONTH YEAR temale 1909 RARUARY BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED U.S.A. ABAMA WIDOWED TO DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH INDUSTRY TT Gov t Admin. Asst. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? BeITSVIlle Pr. Geo NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Morrison Hugh Minnie Jones ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 4218 (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 577-07-7344D Hubert H. Morrison Brentwood. Md. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS ACONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WHE TERMINAL DILEASE OR CONDITION GIVEN IN PART 110 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH 210. ACCIDENT WAS UNDERLYING NO 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF LOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a 1 certify that (1) (this hospital) otterided the deceased from. and that in (m) apinian death accurred on the date and hour and from the couses stated view the body after death. 226. SIGNATUR DEGREE 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Pr. Geo. Ft. Lincoln Cem. 5-20-1985 Brentwood Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B3 Nalley's F.H. Inc. Mt. Rainier, Md. (VRA 15, 4)

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Francis Gasch's Sons 473968Baltimore Ave

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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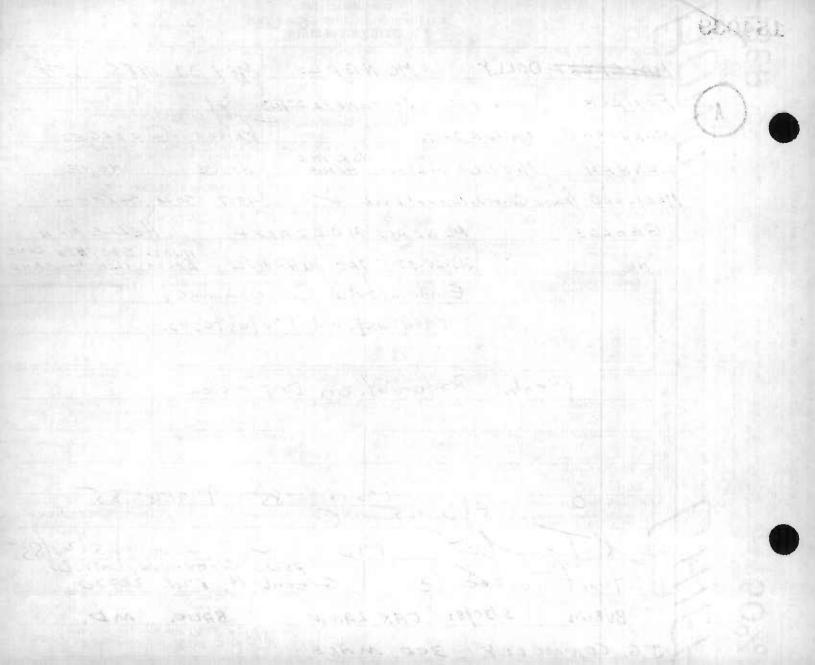
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TO MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-STEPHEN Glenn 13 19 85 SEX & AGE (IN YEARS IF UNDER 24 HRS. 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 11:05 Male White 4/7/63 22 YRS DEAD 1985 TE CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED North Carolina USA DIVORCED WIDOWED [ Prince George's County 126 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Oxon Hill 6345 Livingstone Rd. Baker RetailBaker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO B305 Walter Lane Marvland Forestville YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Benfield McKinney Phyllis E Hugh 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISIO 578-92-9674 Phyllis Bryson #13 NO same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Shotgun wound of chest IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYC IL, CREMATION, OR REMO Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NT OF HE BURIAL, Body Only 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ? P.M. 5-13-1985 Self-inflicted. 218 PLACE OF INJURY (AT HOME 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK bakerv 6345 Livingstone Rd., Oxon Hill, Prince George's Body MD 22a I certify that I took charge of the remains described above, held an Suicide X death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) 5-14-85 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., MD 21201 Ann M. Dixon, M.D. (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 17May85 Washington National Suitland Maryland Burial PG 07/84 25M 24 FUNERAL DIRECTOR ADD Suitland, Maryland 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Robert E Wilhelm Funeral Home (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS AGE IN YEARS LAST BIRTHDAY WHITE RIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BRYLAND UNITED STATES WIDOWED DIVORCED FORGES CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NULLS ING (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AGNOWA GALDENS NONE NONE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
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13b. COUNTY
13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MINCE GENEGIC POUNT KRINE YES A NO 4517 3041 15. MOTHER'S MAIDEN NAME GEOLGE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATEST NO DEL+SUILLE, MARYLAN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic: PART I. DEATH WAS CAUSED BY 100me IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTINUITING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION e pression. 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER TH. LOCATION 214 INJURY OCCURRED Me PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 27x1 certify that (1) this hospitali attended the deceased from saw the deceased alive on. my our) opinion death accurred on the date and hour and from the couses stated above, [h )(a) (did) (did not) view the body after death 22h SIGNATIO DEGREE 22c. DATE SIGNED MEDICAL ATTENDING should be deta PHYSICIAN TORECTOR PHYSICIAN THREE DATERUS. 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE **ISPECIFY** URIAL BALTO LAWN 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 was a window- you had in (VRA 15, 4) CONNELL MACE 300



DECEASED NAME

23a BURIAL, CREMATION, REMOVAL

Spencer E. Sewell

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1985 IF UNDER I YEAR AONTHS DAYS

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

20657

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

\_. that (I) (we) lost

Green

Olivet Rd., Lusby

CONDITION GIVEN IN PART 10

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

he date and hour and from the causes stated

COUNTY

REG. NO

20. DATE OF DEATH

	ATT.	(TYPE	OR PRINT)						40	400=
	111		Jose	phine		McW.	illiams	6 AGE LINYEARS LAS	ay 18,	1985
1	( 4 )	3. SEX		H. RACE	10000	S. DATE OF	DAY YEAR		I BIRTHDAY)	MONTHS DAY
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	02/4/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED	☐ NEVER MARRIED □	9 BALTIMORE CIT	Y OR COUNT	IY OF DEATH
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	23 (3//	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OTHER INSTITUTION	120 USUAL OCCUP		12b. KINE INDUSTE
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QN	E E	Ma		lvert	Lusby		YES NO		livet I	
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RE, I			VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO. 1	7 INFORMANT	AC	DDRESS	
WO	100			VE WAR OR DATES)	577-30-	8922	Bernice Bou	rne Box 6	Olive	t Rd.
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	of H of H		saw the deceased olive or obove, (1) (we) (did) (did no		Ster death	3 5 , and	that in (my) (our) opinio	an death occurred an th	redote and ha	our and from t
	hos hos ept.		22b. SIGNATURE	1		DE	GRES			22c DA
	the Detail		1 man		(	3	ATTENDING PHYSICIAN	DIRECTOR PH	STAFF YSICIAN []	
	AN Sto		224. PHYSICIAN'S NAME (TYPE	OR PRINT	-		TO ADDRESS		1-11-11	
C	FUN PORT		M. C.HAN	DRA.	MD	100	9131 Pisa	cataway	Ra.	CLIM
	de Ode	02 5		Tank Sure	122 1	1115 05 05		- Indiana American		

DHMH - 16 50M 4/83 (VRA 15, 4)

Box 31, Prince Frederick, Md

23c NAME OF CEMETERY OR CREMATORY

23b. DATE

Washington Lincoln Memorial Cem.

23d LOCATION

D.C. STATE

22c DATE SIGNED

STATE OF MARYLAND 140103 - STATE REGISTRAR REG. NO DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI Miller Emma Serena DEATH MATED Lee 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. TIE LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Female. White 3-29-1913 To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Prince George's County Washington D.C. WIDOWED T DIVORCED [ ID CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Leland Memorial Hospital Riverdale Housewife Own Home JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AUMISSION) 20712 LI3b COUNTY 13c CITY OF TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md . P.G. Mt. Rainier 2705 Oueens Chapel Road Apt. 3 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE Robert Fletcher Saunders Minnie Theo Bartholomae 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17. INFORMANT 129 Jefferson Road (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES 218-52-9520 Marjorie L. Myers Waldorf, Md. 20601 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion deoth resulted from: Notural couses Suicide Homicide Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINATION S. Rogers, M.D. 1919 Seminary Rd. Sil. Spg. Maryland 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION COUNTY STATE burial 5/11/85 Ft. Lincoln Cemetery 07/64 Brentwood 2588 24 FUNERAL DIRECTOR **DHMH - 17** Gasch's Sons F.H. P.A. Hyattsville, Maryland (VR A15 ME (5))

laid loadmany Td. Sil. Eng. Invilant 

e. Carolia Sons L.W. . A. Myatisville, Maryland Make 1 5 1825

- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15285

REG. NO L DECEASED NAME 20 DATE OF DEATH 85 LIYPE OR PRINTS MITCHELL **IRENE** 3 SEX 4 RACE S DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS MONTH YEAR Black Female 11/16/21 63 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? PRINCE GEORGES COUNTY MARRIED NEVER MARRIED COUNTRY Virginia WIDOWED DIVORCED [ TISA CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! SOUTHERN MARYTAND HOSPITAL INDUSTRY CLINTON MD Housewife USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 1158-A Williams Ct AAFB Maryland PG Suitland YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Beverly MIDDLE BOOM Ferrel1 Annie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST NO 223-28-9964 Tonza Kemp same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF E soohasen CARCINOMA Conditions, if any, which gove rise to immediate cause tal, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Esophical (A)CINDMD NO [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from and that in (my) (aur) opinion death occurred on the date and have and from the causes stated 226 SIGNATHE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 85 22e ADDRESS Landover Rd Cheverh 230 BURIAL, CREMATION, REMOVAL 236 DATE 230 NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Hampton Memorial dArdens/ Hampton VA 5/7/85 4308 Suitland Rd Suitland AR 25% REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

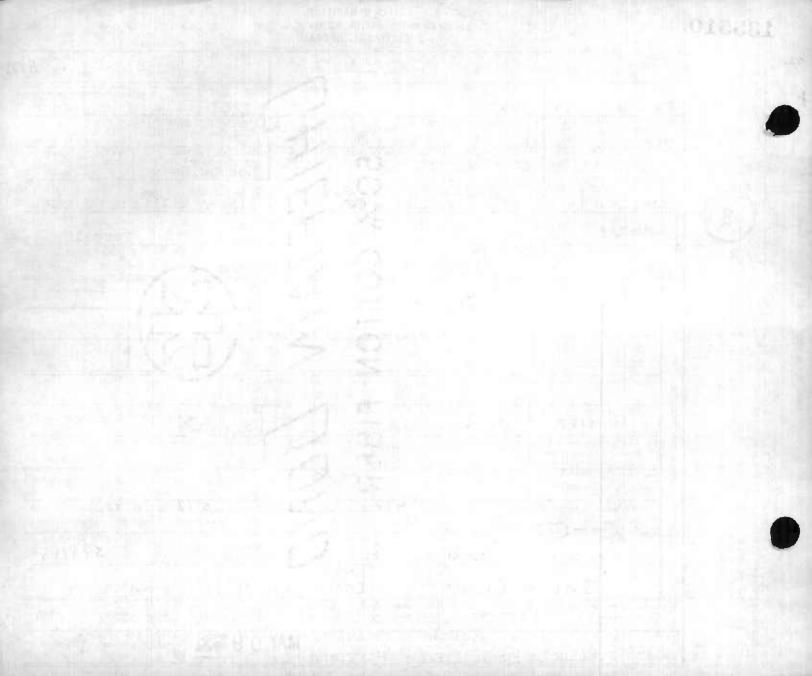
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E. Wilhelm Funeral Home

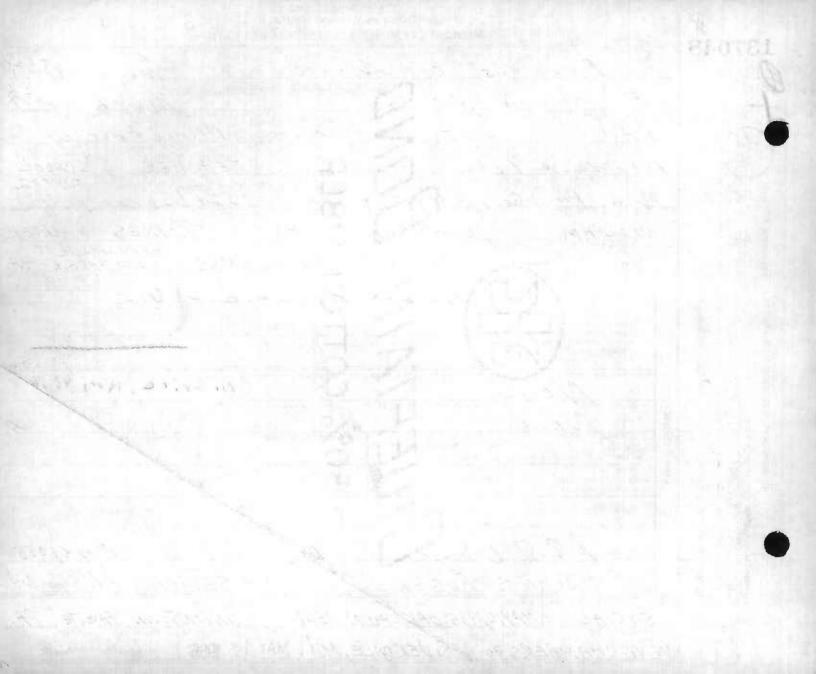
DHMH - 16 60M 7/84 (VRA 15, 4)

Robert

FUNER old be 8



1/	1.	STATE OF MARYLAND	
L W	/	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 9 8 6	
01	6	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
137048	2 10	REG. NO.	
101030		OF ESTI.	DAY YEAR 26 HOUR
Mange.		Frances B. Moore DEATH MATED DEATH D	10010 P
ACHOR A	0 5 58		DAY YEAR 24 HOLE
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MA SER	/ 7a.1	BIRTHPLACE (STATE OR 1/2 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNT	OF DEATH
日本の音楽/	5	FOREIGN COUNTRY)  MARRIED NEVER MARRIED	
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T CWWE	7 10.0	CITY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  126 USUAL OCCUPATION (TYPE OF WORK )  FOR MOST OF WORKING LIFE)	TO KIND OF BUSINESS
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DHMH - 17		NAME ADDRESS	The state of the s
(VR A15 ME (5))	1/	N.W. CHAMBERS CO. KIVERDALE, Md MAY 15 1985 Fina Davidso	n-gandele
	-		



BALTIMORE, MARYLAND 21201

PRESTON ST

#### FOR - STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENE

CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 7h HOUR I. DECEASED NAME TYPE OR PRINTS John M. May 12, 1985 Morere 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) TE UNDER 1 YEAR White Male July 29. 1913 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY U.S.A. New Jersev Prince George's WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Riverdale Leland Memorial Hospital Ret. paper cutter USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]
136. STATE 1138. COUNTY 112, CITY OR TOWN 3222 - Chillum Rd. 13d. INSIDE CITY LIMITS? Md. Pr. Geo. Mt. Rainier YES X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME John MIDDLE Clyde Elizabeth Morere ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Wife) 148-03-1575 Ruth Morere Same as above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). L PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PARTIZ. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? in Cantre Ul 710 ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a I certify that (1) this hospital) attended the deceased from\_ and that in (my lour) opinion death occurred on the date and how and from the causes stated other (Mill we) (did) did no 226. SIENA MER DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN 5-13-85 PHYSICIAN'S NAME | TIPE OR PRINT) Robert Ruderman, M.D. 6510 Kenilworth Avenue, Riverdale, Md. 23a BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

the burial-transit per and Mental Hygiene

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Nalley's F.H.Inc. MT. Rainier, Md. MA

|SPECIFY}

5-16-85 Burial 24 FUNERAL DIRECTOR

Md. Vet. Cem.

Cheltenham

COUNTY Pr. Geo.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	STATE OF MARYLAND	
	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5 2 8 9
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG, NO.
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7 101000	Alice M. Myers DEATH	ESTI
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# 100 E # 5	18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).)	APPROXIMATE INTERVAL
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DIV SECTION DIV	WHILE NOT WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOW	N COUNTY STATE
HANA MA	AT WORK — AT WORK —	
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ME SEE	death resulted fram: Natural causes Accident , Suicide , Hamicide Undetermined man	ner .
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- ATECONO	(TYPE OR PRINT)ADDRESS	
<b>EDSE49</b>	23a, BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY)	COUNTY STATE
07/84 BP		e, Howard, Md.
25M DHMH - 17	24 FUNERAL DIRECTOR 246 Ness Washington St. 250. DATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
(VR A15 ME (5))	George R. Snowden Rockville, Md. 20850	Davidson francis
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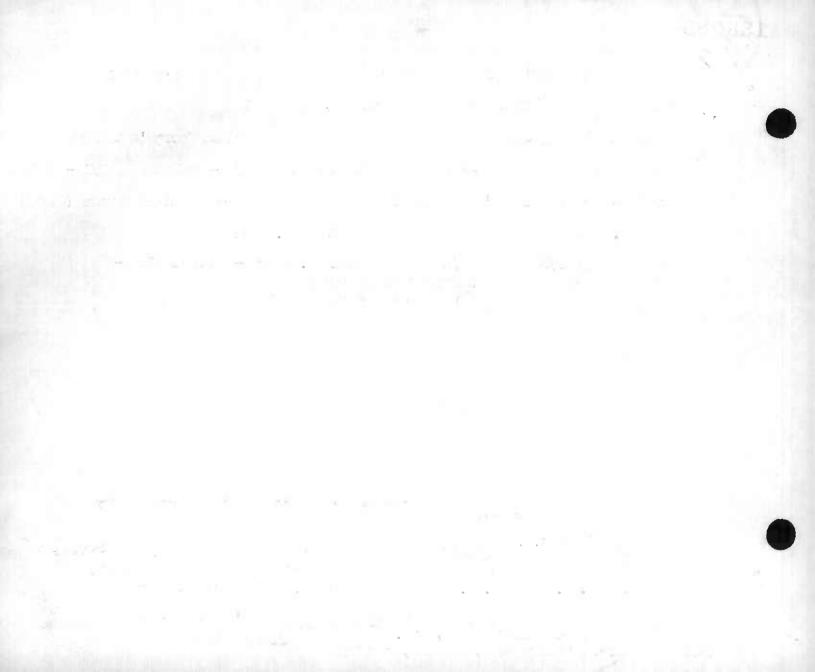
June 1, 1985 Boonville Cemetery

Lee Funeral Home, Inc.

Old Alexander Ferry Road, Clinton, Maryland

DHMH - 16 50M 4/83

(VRA 15, 4)6633



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1411409 REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI DEATH MATED AGE (IN YEARS 4 RACE DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE DAY LAST BIRTHDAY Oct. 31 1914 70 Caucasian Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Prince George's U.S.A. Washington. D.C. DIVORCED ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION TYPE OF WORK 1126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Housewife Cheverly 20772 1 Blaketon Court Maryland Prince George'sUpper Marlboro BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST May West Lizzie James Blaine Owens 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 1 Blaketon Court TYES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 578-86-9687 Raymond Akowskey Upper Marlboro. Md. No 18. CAUSE OF DEATH (Enter only one cause perfine for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PER OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE L DEPARTMENT C 11 PRIOR TO BUR YES [ 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion Notural causes Accident Homicide Suicide Undetermined monner TYPE OR PRINCE JULIELE NO ADDRESS\_SO 236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY Suitland 5/18/85 Cedar Hill Cemetery Burial 07/84 25M 24. FUNERAL DIRECTOR 6160 Oxon Hill Rd. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** George P. Kalas Funeral Home Oxon Hill. Md. (VR A15 ME (5))

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# STATE OF MARYLAND

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IN need the please of the plea	3	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	IBUTING TO DI	EATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION C	IVEN IN PART 1	a	
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TTEN portol for of He of He		saw the deceased alive ar abave, (1) (we) (did) (did no	5/17	19 8	55 , ond	that in (my)	(aur) opinian d	death accurred an t	he date and he	our and from the	causes sta	ated
has has hed hed ten	1.5	226. SIGNATURE	or view the body offer	deoin,		EGREE				22c. DATE		
the Difference of the Differen		R. Cu	annema		N	1 A	TTENDING	MEDICAL DIRECTOR PH	STAFF	51	19/	85
A SPIT		224. PHYSICIAN'S NAME TTYPE	OR PRINT)			22e ADDRES	S				. , .	
O HOSP etoined TO FUN should b with the		ROBERT E . C	UNMON,	m.D.		I CHE	VERLY	DR, CH	EVERLY	MD		
5 € 5 € ¥ ₹	23a E	BURIAL, CREMATION, REMOVAL	236 DATE	23c N	AME OF CE	METERY OR C		234 LOCATION				
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	_	JNERAL DIRECTOR						E REC'D. BY REGIST				

DHMH - 16 60M 7/84 (VRA 15, 4)

Frazier's Funeral Home

389 Rhode Island Ave.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
N.W.MAY 28 1985

51 1	FOR STATE			DEPARTMENT OF				5 9	9 3
	REGISTRAR		MEI	DICAL EXAMIN	NER'S CERT	IFICATE OF I	DEATH'	REG. NO.	
1, (	ECEASED NAM	E FIRST		WIDOLE	LAST		20. DATE KI		MONTH DAY YEAR 25. HOU
1	The GRY RUITY	Alfre	d H	enry	Noake	es, Jr.	OF DEATH A	AATED	5.21 1085
3 5	EX	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTH		YR. IF UNDER 24 I		N N	MONTH DAY YEAR 24 HOU
1	Male	White	07 06	1906 78	YRS.	AYS HOURS MI	PRONOUNC	5	-21 1085 4
70.	BIRTHPLACE (S	TATE OR	76. CITIZEN OF WH	HAT COUNTRY?	8 MARRIED S	NEVER MARRIED	BAIRIMO	RE CITY OR	COUNTY OF DEATH
	Washing	ton, D.C.	U.S.A.		WIDOWED C		Princ	e Geor	ge's County
10.	CITY OR TOWN	OF DEATH	11 MAME OF HOS	PITAL, NURSING HOM	F OR OTHER INS		CHIEFCOFA	AND A MERCE	WORK TO MESS
	Cheverly			George's Ge		ospital	Lithogra	phic	Lithographic
1130	STATE	(IF IN NURSING HOME	OF OTHER INSTITUTION, GN	134 CITY OR TOWN	SION)	ISIDE MIY LIMITS? 139	STREET ADDRESS		Drafting Div
	Maryland	1 136. COUN	G.	Landover	YES	NO D	417 Hawt	horne	Street 20785
14.	FATHER'S NAM	E	MIDDLE	LAST		OTHER'S MAIDEN N	IAME	) I F	TAST
	Alfred		Henry	Noakes,		Minnie	E.		Edwards
160	WAS DECEASE (YES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURI		FORMANT		ADDRESS	
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	18 CAUSE C	OF DEATH (Enter or EATH WAS CAUSE	ly ane couse per l	for (o), (b), ond (c).)				1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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z		IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TER	MINAL DISEASE OR COL	NOTION GIVEN IN PART 1	0		
- 5	19n DATE OF	OPERATION	18h CONDIT	ION FOR WHICH OPE	DATIONI MAAC BEE	DEODAMED?			
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CERTIFICATION	21a EXTERNA	AL CAUSE WAS	21b. TIME OF	INJURY	21c HOW IN	JURY OCCURRED (E	NTER NATURE OF IN 11 IR	V IN ITEM 19 DART	YES NO
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	death result	ed fram: Natu	ral causes	Accident . S			Indetermined mann	ner,	
	ACTUAL /	Lugar	a XX	hiller)	TIT	Deputy			DATE 5-21-83
1	SIGNATURE	Angles	1/100	7/8	M.D		MEDICAL EXAMIN	IER	SIGNED 3
			The second secon	11 (/	**				
in	EXAMINER'S	NAME AUGUS	sto P. Rod	figuez, M.	D.	5009 Ra	yburn Ct	., Tem	ple Hills, Md
230	BURIAL CREMA			taguez, M.	ADDRE	SS		., Tem	ple Hills, Md
230	BURIAL, CREMA	TION, REMOVAL	36. DATE	23c. NAME OF CE	METERY OR CREA	MATORY 23	Id. LOCATION		COUNTY STATE
	BURIAL, CREMA (SPECIFY) Bur	TION, REMOVAL	5/24/85		METERY OR CREA	matory 23	Id. LOCATION		

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTALHYGIENE

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STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2a DATE OF DEATH DECEASED NAME 26 HOUR Bernard Alovsius Nolan 1985 May 5 DATE OF BIRTH 4. RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS September 2, 1923 Male Caucasian TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | Washington, D.C. Prince Georges DIVORCED YY IN CITY OR TOWN OF DEATH INDUSTRY SUSGIOVER Bowie, MD Polai Turn, Bowie, MD Congres Liaison Vet Admin. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY PG 130 STREET ADDRESS / ZIP CODE 6713 Furman Parkway 2013 Riverdale

7	Bernard	Aloysius	Nolan , SR.	Marie	Bernard		Mealley	
	YES NO OR UNKNOWN)	1	166 SOCIAL SECURITY NO. 578-22-3012			Bowie, MD		Turn
	18 CAUSE OF DEAT PART 1. DEATH W	H (Enter only one couse pe /AS CAUSED BY	r line for 101, (b), and IC	O-TORY	FAILURE		APPROXIMAT BETWEEN ONS	

DUE TO, OR AS A CONSEQUENCE OF CARCINEMA OF LONG 6 MONT Conditions, if ony, which gove rise to immediate couse lol, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT NO [ 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

NOU 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) ( opinion death occurred on the date and hour and from the causes stated sow the deceased alive on.

DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DERECTOR PHYSICIAN

22e-ADDRESS

23a. BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY BURTAL ARLINGTON NATIONAL ARLINGTON

FRANCIS J. COLLINS 500 UNIV. BLVD. W. STLVER SPRING MD. 20901

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DHMH - 16 50M 4/83 (VRA 15, 4)

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) AM NORTON 1985 Marv Short 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX IF UNDER 24 HRS MONTH DAY YEAR Female Caucasian July 13. To BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY MARRIED ENEVER MARRIED Prince George's County TISA Pennsylvania IO CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OF Bowie Health Center INDUSTRY Bowie Underwriter Insurance Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Pr George's Maryland 12714 Midwood Lane Bowie NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE James Short Roselia Shannon 166. SOCIAL SECURITY NO 17 INFORMANT 12714 Midwood Lane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 167-01-3982 John P. Norton Bowie, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A SONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g. CERTIFICATION guez 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK YES [ NO T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 10

21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased fram sow the deceased alive an\_ and that in (my) (aus) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did nat) view the bady after death DEGREE 22c DATE SIGNED 22b. SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

MEDICAL May 16, 1985 PHYSICIAN X DIRECTOR PHYSICIAN 22e. ADDRESS

Dr. Robert L. Batsleer, M. D. 1438 Defense Highway

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial May 18, 1985 Sacred Heart Ch. Cem. Bowie, Prince George's, 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B3 (VRA 15. 4)

FUNERAL

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Beall Funeral Home

16000 Annapolis Rd. Bowie, Maryland 2071

COUNTY

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Gambrills. MD

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Fig. 1 Payers acre 16000 American Edg. Maryland 20749 MAY 61 1865 French Tolling

DHMH - 16 60M 7/B (VRA 15, 4)

	FOR	
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•	REGISTRAR	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL FIFGIEND CERTIFICATE OF DEATH

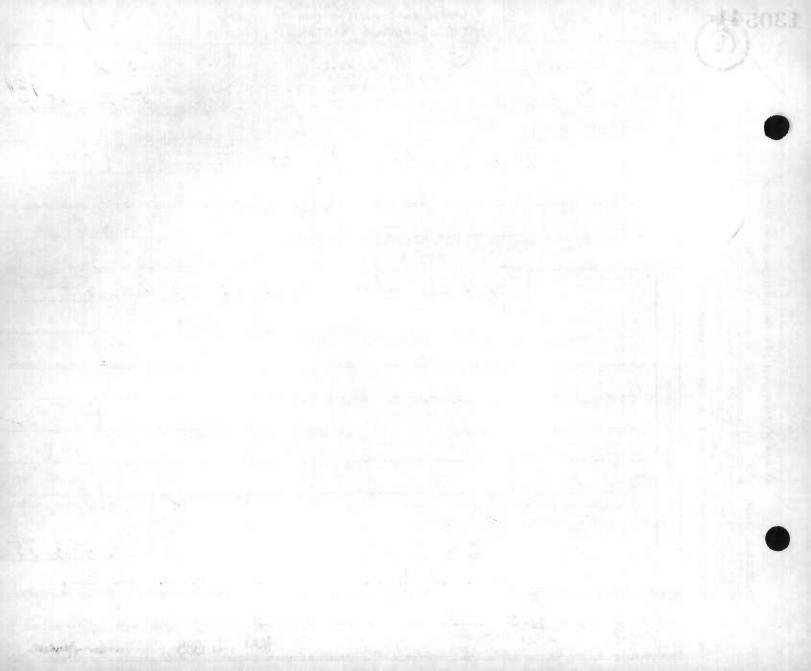
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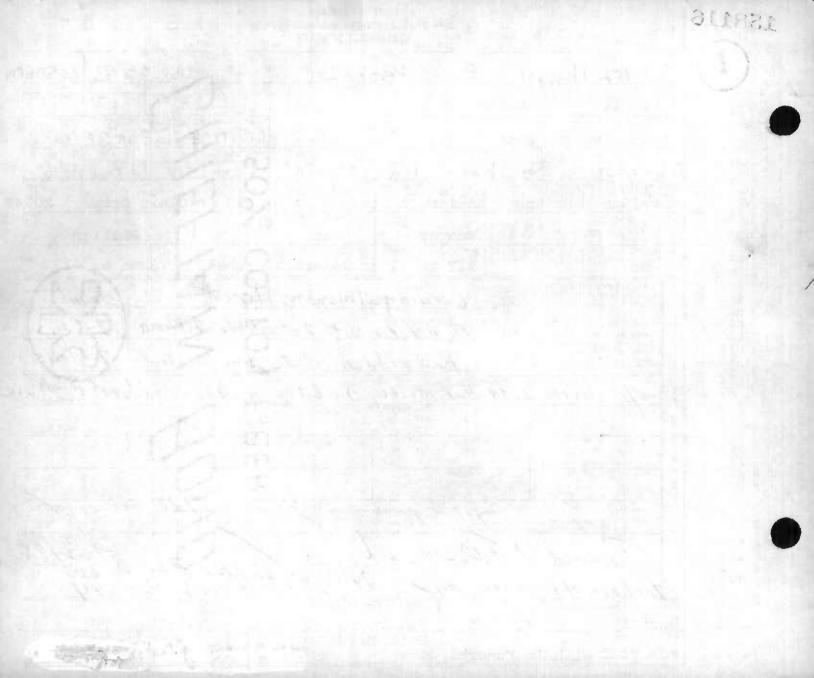
56120	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL THE CERTIFICATE OF DEATH	GIEND S	2 4 0
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
9 0 0 m	TYPE	ORPRINT) THERE:	SA O'NET	T T	MAY 25. 1	985 6:15PM
1	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(1)		Female	Caucasian	Aug. 25, 1896	88 y	RS DATS HOURS MIN.
197	7e. B	RTHPLACE (STATE OR FOREIGN COUNTRY)  Germany	76 CITIZEN OF WHAT COUNTRY  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		
21 W		ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR ING LIFE) INDUSTRY
24 SON		INTON	SOUTHERN MAR		Beautician	Beauty salon
11 3	13e S	AL RESIDENCE (IF NORSING HOME STATE 136 CO ID Pr		WN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C 3207 Leslie	Avenue 2074
10 15	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	
11/60		Ludwig Oell		Theresa		Wemmer
P 8 4		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT day	ighter ADDRESS	
Pog P		YES, NO OR UNKNOWN] (IF YES,	198-28			same as 13
g physics bengaper removal.			only one couse per line for 101, 111   SED BY: IATE CAUSE (a)	stoop co	rann of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ur. Then pl	CERTIFICATION	PART 2 OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TER		N GIVEN IN PART To
1 2 6	F				YES TO NOTH INC	ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{NO} \( \text{T} \)
The state of the s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITE	
therefore the burning and men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC.) 211 LOCATION SIREET	CITY OR TOWN	COUNTY STATE
A Atte		220.1 certify the thick ho	pital attended the deceased from	B1702,19	5\2.5	5, 19 35, that (1 (we))ast
hospit the for the for the for		now the deceased alumn nown 11 own ideal did 72% SIGNAVIJE	not hew the box offer death.	DEGREE		hour and fram the causes stated 22c DATE SIGNAD
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MACALLE TO FLOW		10th	JOLANN	WAN	DOUCEN	(0205.10-
BP	73a. E	SURIAL, CREMATION, REMOV.	THE PROPERTY OF STREET STREET,	name of cemetery or crematory	CITY OR TOWN	COUNTY STATE
	24 F1	Burial  JNERAL DIRECTOR	16/4/85 ,S	Tary's cemete	TY WILKES DA	GISTRAR'S SIGNATURE
HMH - 16 60M 7/84 (VRA 15. 4)		Huntt Funen	al Home Wald		14 9 1900 19 11 11 11 11 11 11 11 11 11 11 11 11	STATE OF THE STATE

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Hund't Congret Nome & Waldons, UB .

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130544		FOR STATE				H AND MENTAL H	_	9 7
		REGISTRAR	ME	DICAL EXAMIN	VER'S	CERTIFICATE O	FDEATH REG. NO	
(11)		CEASED NAME FIRST		MIDDLE	,	LAST	20. DATE KNOWN	MONTH DAY YEAR 26 HOUR
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J FEE STREET	3 SE)	1. RACE	DATE OF BIRTH	6. AGE (IN Y		NDER 1 YR. IF UNDER		MONTH DAY YEAR 34 27
DIRECTOR STATE	N	Tale Stack		3.1925 60		THS DAYS HOURS	MIN. PRONOUNCED 5	- 2 .25
\$ <del>7</del> × Z 6	7o BI	RTHPLACE (STATE OR	7b. CITIZEN OF WE			V. E. S.	TRAFFIMORE CITY OF	COUNTY OF DEATH
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75.2 p 377		TY OR TOWN OF DEATH		PITAL, NURSING HOM			T T TITOU C	OF WORK 1726 KIND OF BUSINESS
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ANY DI AN	13a S	TATE 13b. COUNT	ſΥ	13c. CITY OR TOWN			13e STREET ADDRESS	20/46
to do the to			G.	Suitlar	ıa	YES X NO		ield Drive
W HESS	74. 17	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	MIDDLE	LAST
DEA.	16-1	James VAS DECEASED EVER IN U.S. ARM	150 500 6550	Osborr		Li.	lly	(unknown)
BALTIMORE, MD. RS AFTER DEATH. IF GIVE PAGES 1, 2, ITHE FOR THE STATES INVISION OF THE STATES INVITED INVISION OF THE STATES INVISION OF THE STATES INVISION OF THE STATES INVISION OF	- {Y	ES, NO, OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)			Mrs. Edi	th Osborne-wi	fe-4729 Brook-
JRS AF B. GIVE WITH T. PAG DIVISI		no		577 34	3658	8field Dr:	ive, Suitland,	Maryranu
		IB CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one cause per line		lan	to ne	us vascular de	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST 24 HOI TEM 1 LONG PERMI SIENE, VAL.		IMMEDIATI	E CAUSE (	News/10	ceroj	u cena	i varecurs de	sease
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S PRESIDENCE		7.03	(c)					
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF RITING THE WORD, "PENDIUM" IN PERSTON ST., RITING THE WORD," PENDIUM" IN PENCIL IN ITEM 18, RDE TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO I PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIRUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDITION GIVEN IN PAI	RT 1 to	
BE BE NO	CERTIFICATION	Milder Branchis						
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THE SECTION OF THE SE	TIF							YES NO P
OF NEW YEAR	CER	210. EXTERNAL CAUSE WAS	21b. TIME OF	MONTH DAY YEA	21c.H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
OR TO THE ON	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF D			^			
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DIV THIS CI E, WRITE EWARE PAGE 3 STATE D STATE D	2	WHILE NOT WHILE AT WORK	]	ONT, PARM, ETC.)		STREE?	CITY OR TOWN	COUNTY STATE
RE TE, VERWARE STA		220. I certify that I taak charge	of the remains des	eribad abaya baldaa	Auto	psy , Inspection	7	
L EXAMINER: " ECETIFICATE, DUID BE FORW L DIRECTOR: F, WITH THE S' MARYLAND, S			al causes		vicide [			in my opinian
EXAMI CERTIFI ODERECT WARYLY		death resulted fram: Nature	al causes [],	Accident L., S	Jicide L_	, Hamicide	Undetermined monner,	
CAL EXA THE CER SHOULD SATH, WI SE, MAR		AETUAL THEISUN	to	rausus	-	Deputy Deputy		DATE 5-3-85
ZEA KEN	1	SIGNATURE	1/1	111	^	M.D	MEDICAL EXAMINER	SIGNED D
TO MEDIC EXECUTE T PAGE 4 SH TO FUNER AFTER DEA BAILTIANOR	-	EXAMINER'S NAME (TYPE OR PRINT)	Augusto P.	Rodriguez, M	.D.	ADDRESS	5009 Rayburn Ct., I	emple Hills, Mi
TO MEDICAL EXU EXECUTE THE CER PAGE 4 SHOULD TO FUNEAL DID AFTER DEATH, W BAITIMORE, MAR	23n Bi	URIAL CREMATION REMOVAL 23		23c. NAME OF CE		ADDRESS	23d. LOCATION CITY OR TOWN	
	(5	PECIFY)						COUNTY STATE
07/84 BP		UN RALIMECTON /	May 8 1	985 Linco	In N	VIEMORIA (	Temetery Suit	TRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))	CI		encertails	201 =		Air Air	AY 9 400#	inwiden-Abadelle
(AK WID ME (2))	SE	ewart Funeral	Home-4	001 Benni	ng F	Road N.E.	0 1300	A CONTRACTOR OF THE PARTY OF TH





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) George OF EST1 arron DEATH MATED SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED ck April 20.1910 75YRS DOAS 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED EOREIGN COUNTRY) Md. U.S.A. Prince George's WIDOWED DIVORCED O CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 124 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS Cheverly Landscaper Gardening 1136 COUNTY 5604 Dave 13a STATE 3d. INSIDE CITY LIMITS? Md. P.G. Davey 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Franklin Sweetie Parran Boone 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. ADDRESS DIVISION (YES, NO. OR UNKNOWN) LUE YES GIVE WAR OR DATES! Hattie Parran-Same as # 13 above 211-09-4417 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line or (o), (b), and (c). PART I DEATH WAS CAUSED BY: menter lareled Vonel / Luca IMMEDIATE CAUSE DUE TO OR AS A CONSPOUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS CERTIFICATION abolivetuce la burnery decor DEPARTMENT OF HEAD I PRIOR TO BURIAL, CF 190 DATE OF OPERATION CONDITION FOR WHATH OPERATION WAS PERFORMED TE AUTOPSYZ YES [] NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR WEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains desembed above, held on Autopsy Inspection and in my opinion death resulted from Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) Denity MEDICAL EXAMINER SIGNED EXAMINER'S NAME riguez. MADRESS 5009 Rayburn Ct. Temple Hills Md GO. BURIAL CREMATION, REMOVAL 23b. DATE MEN. PARK LAMBOYER 07/84 BP 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH** - 17 H. S. WASHINGTON + SOM 4825 BURROUGE RUE, WEN (VR A15 ME (5))

STATE OF MARYLAND

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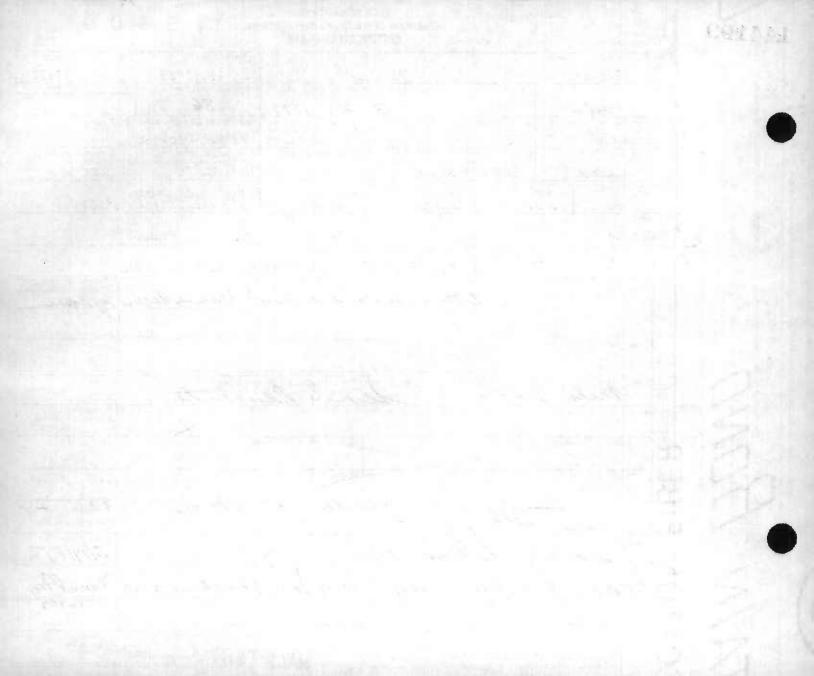
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

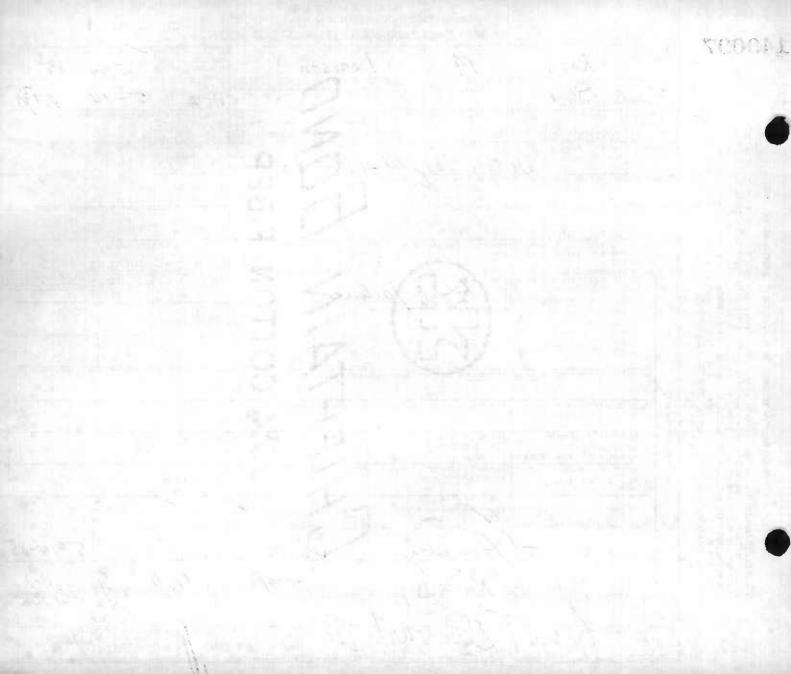
	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.				
	DECEASED NAME FIRST		MIDDLE		ASI	2a. DATE	OF DEATH MONTH	DAY YEA	AR 26 1	HOUR	
L	Trene Irene	Parsley					May 13, 1985			11:30 pm	
3	SEX	4. RACE		S. DATE C		6. AGE (1	N YEARS LAST BIRTHDAY)	MONTHS D		NOER 24 HRS	
1	Female	White		MONT)	29 1899		86 YRS.		AYS HOL	URS MIN.	
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIN	ORE CITY OR COUNT	Y OF DEAT	Н		
	Maryland	USA		WIDOWE		Pri	nce Georges	3		MD.	
- 10	CITY OR TOWN OF DEATH				OR OTHER INSTITUTION		L OCCUPATION ORK FOR MOST OF WORKING			SINESS OR	
1	Laurel	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 503 4th Street				housewife ho					
	SUAL RESIDENCE IF NURSING HOME 30 STATE 136 CO Md P.		136. CITY OR TOW Laurel		13d. INSIDE CITY LIMITS?		T ADDRESS / ZIP COL 4th Street		07		
14	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	MIDDLE		LAST		
N.	George	Ва	uer		Annie	М.	Kruhm	1			
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	OR DATES)				ADDRESS				
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1	21s. ACCIDENT WAS GROWNLY AND			or married	21- HOW INJURY OCCUR		P	- basel			
	TOR CONTRIBUTION 1-1 CAUSE OF	DEATH .	M MONTH DA	IV YEAR							
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	176.1 certify that (I) then to saw, the discerned alive above, (I) err) with (clid as SIGNATURE)  278. PHYSICIAN'S NAME (1) DEN 155 K	Suhu	here mer m	m.		MEDICA	STAFF DRE PHYSICIAN (	5,	//y/	The state of the s	
23	Burial, CREMATION, REMOV				Como to tu		CATION HYORTOWN IPPO	MACOUNTY	207	STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

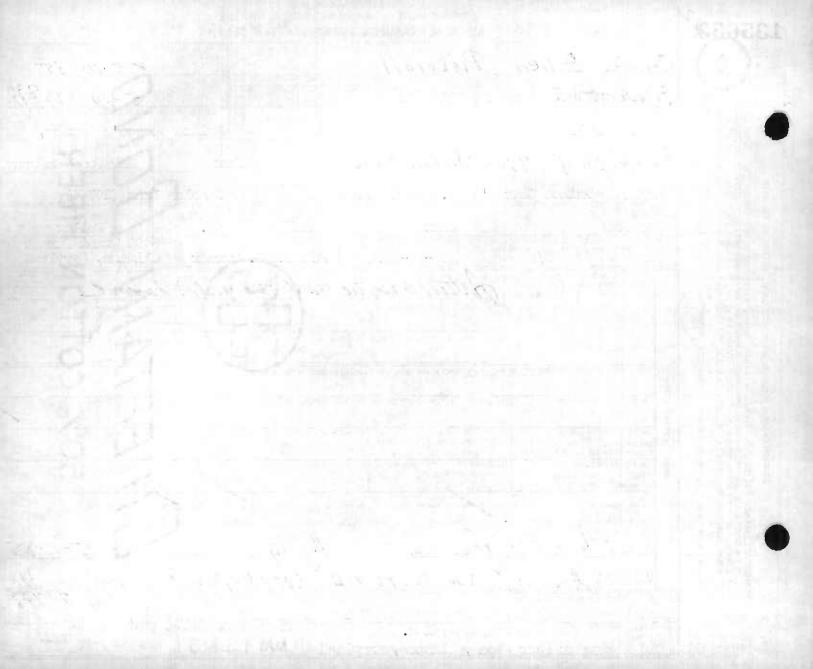
24 FUNERAL DIRECTOR Ponaldson Funeral Home, Lawrel, Md



		1-	FOR STATE			EPARTMENT O	FHEALTH	ARYLAND		5 3 (	)	
14:	9097	1. DE	REGISTRAR CEASED NAME E OR PRINT)	Posa	MED	MIDDLE	D	LAST	P DEATH 20. DATE K	ESTI-		7b. HOUR
0	N. PLEAS INFECTION TO HOUR IN STREET	3 SEX	omale R	Stark 5	DATE OF BIRTH	YEAR 6. AGE (IN LAST BIRT	YEARS IF UN	DER I YR. IF UNDER 2	DEATH	MON	14 1980 TH DAY YEAR	735 M
	POPERAL DINERAL DINERA	FO	RTHPLACE (STATE O REIGN COUNTRY) Vashingt	R 7b	ULY 5. CITIZEN OF WH		12	ED NEVER MARRIE	DU	P.G.	UNTY OF DEATH	MD.
	PACE AND A STATE OF THE PACE A	ID. CI	Lanham G Md	EATH	DECEOTS	ITAL, NURSING HO	101/	G, C	120. USUAL OCCUP. FOR MOST OF WORK  Bookke	ING LIFE)	ORK 12b. KIND OF BUS OR INDUSTRY	
D. 31201		13a S Ma		136 COUNTY	THER PASTITUTION, GIVI	RESIDENCY BEFORE ADMI 13c. CITY OR TOWN Lanham		13d INSIDE CITY LIMITS?  YES NO 1	13e STREET ADDRES	ckory I	2010	6
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CORDS, 201 W. PRESTON	THE SHOULD BE EXECUTED WITHIN 24 H. E-WORD, "PENDING" IN PENCIL IN TEN- D-BE USED AS BUSING ALON- CHIT CHEATH AND MENTAL HYGIST OBJECT, CREMATION, OR REMOVAL	NO	IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise to immediate cause (a) stating the under-  lying cause last.  Canditions, if any, which gave rise to immediate (b)  DUE TO, OR AS A CONSEQUENCE OF  Use TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
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•	O MEDICAL EXAMINEE: TXECUTE THE CERTIFICATE, SECULE THE CERTIFICATE, O FUNERAL DIRECTOR: PUTER DEATH WITH THE STALLIMORE, MARYLAND, 2		death resulted from	Mugusta Mugusta	Dear	yuez liques	Suicide	Homicide	Undetermined man	nner .	NE 5-14	-85
07/84 25M	BP DHMH - 17 (VR A15 ME (5))	74. F	Urial CREMATION Urial Uneral Director Name tewart	1 /	home-	1985 ewar	farm			k Land	lover, Mar	ylan



	1	FOR		DEPARTMENT OF HEAL	TH AND MENTAL I	LYGIENE	5 3 0 2
135633	1 -	STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE	F DEATH	REG. NO.
(xdi	174	CEASED NAME FIRST DE OR PRINT) & E/I	len 7	ickerall	LAST	20. DATE KNO	OWN MONTH DAY YEAR 25 HOUR
NA STATE OF THE PARTY OF THE PA	3 SE	male White	5 DATE OF BIRTH	1919 65 YRS.	UNDER 1 YR. IF UNDER	MIN PRONOUNCE	5-10 1985 PM
WHEN WEST	N	IRTHPLACE (STATE OR DREIGN COUNTRY)  North Carolina	USA	WIDO	RRIED NEVER MARR	Prince	George's County, MD
Eday is TO THE PLED	100	IN PSTYINGS	7705	SPITAL, NURSING HOME, OR C ACHITY GIVESTREET ADDRESS)	THER INSTITUTION	FOR MOST OF WORKING  Clerk	ION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY  A&P Food Company
_ Pesos	13a S	ALRESIDENCE (IF IN NURSING HOM TATE 136 COU LTYLAND PRINCE	NTY	ive residence before admission) 13c. CITY OR TOWN Ft. Washington	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 7705 Nolar	n Lane (20744)
BALTIMORE, MD. 21201 S ATTER DEATH, IF ANY GIVE PAGES 1.2, AND THE FORM PR. 3. RETA PAGES 1 AND 2 SHOUL WISION OFWITAL RECO		ATHER'S NAME FIRST HOWARD	MIDDLE	Farrow	Sally	K.	Fuller
BALTIMO S AFTER GIVE PA GIVE PA PAGES I WISION	160.	No N	A A	578-10-9474	Kenneth	R. Turner	Clinton, Maryland
201 W. PRESTON ST., I UTED WITHIN 24 HOUE IN PENCIL IN ITEM 1ILL EXAMINER ALONG W RIAL - TRANSIT PERMIT D MENTAL HYGENE, D ON, OR REMOVAL.		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDICATED IN THE CONTROL OF THE PART I DEATH OF THE	ATE CAUSE (b)	R AS A CONSEQUENCE OF	o carles	visualas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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# AT O# !	TIFICAT	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION	WAS PERFORMED?	2.	20 AUTOPSY? YES □ NO 🗹
	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH P.	M. MONTH DAY YEAR M. 19	HOW INJURY OCCURRE	ED LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
DIVISION THIS CERTIFIC WARTING TH WARDED TO WARDED TO TATE DEPART 21201 PRIOR	MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK		OF INJURY (AT HOME, 21f. CTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEBETTOR: BALTIMORE, MARYLAND.		270. I certify that I taak cha death resulted fram: Not ACTUAL SIGNATURE	rige of the remains de rural causes (1)	Sscribed abave, held an Au Accident , Suicide [	opsy , Inspection, Hamicide , TIME (SPECIFY)	Undetermined manne	DATE 5-10-85
O MEDIC XECUTE 1 A GE 4 S O FUNEI ALTIMOS				Mricugar	1 Rodress 500 9	Rayburn C	1. Camp Springs, MA
EMSE48	1 (	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY STATE &
07/84 BP	_		y 15, 1985		terans Cemet		enham, Maryland  56 REGISTRAR'S SIGNATURE
DHMH - 17	1	NAME	Funeral H	2	AAAA	1 3 1985	wie Davidson-Randall
(AK WID ME (9.63	37 (	)1d Alexander F	erry Road	, Clinton, Mary	Land NIA	1 7 1300	W.00 to 24 (400)



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE

157105	<b>5</b> 1.	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL ( TCATE OF DEATH	y GIEND	REG. NO	5 3 0	3		
No.		CEASED NAME FIRST	WIDDLE		AST	20. DATE C	20. DATE OF DEATH MONTH DAY YEAR 26 HO				
2E [ ]	,,,,,,	ROSARI	0 J,	PIST	ONE		0	5-29-85	3:30 p M		
1	3. SE	X	4 RACE	5 DATE C		& AGE (IN	YEARS LAST BIRT		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		
- Mose		ale	White	01	(04/16	69		YRS			
19 (1)		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	/? 8 MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY O	COUNTY OF DEAT	Н		
1 11 11		tlay	USA	WIDOW			CE GEO				
1 11 0/	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE		OR OTHER INSTITUTION		OCCUPATION FOR MOST OF		ND OF BUSINESS OR STRY		
1 11 1		CLINTON AL RESIDENCE LIF NURSING HOME OF	SOUTHERN MARYL		SPITAL	Reti	red E	lectrici	an		
out by	13a. S	aryland PG	NTY 13c CITY OR TO	WN	13d INSIDE CITY LIMITS		ADDRESS /	zip cobe o	Pd /35		
中 前 清/		ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE	MAY WITH	LAST		
1 23/100		Vincent	Pisto	ne	Carmel	a	WIDDLE	Ru	ISSO		
0 0 de 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	CURITY NO.			oliea	e Drive			
F 00 0	N			-7039	Dr. Josep				Utah 8440		
quires that the depth signed by the utility. Then please remove of to burnel, cremation, njury, or other traumi	No	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CHRONIC	DUE TO, OR AS A CONSEQ  (b) A CUT  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO  OBSTRUCTIVE	UENCE OF	NOT RELATED TO THE TE	ERMINAL DISEA	SE OR COND		RT 11a		
N de la	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC			200 AU1		20b. IF YES, WERE F	INDINGS USED		
26 231 6	H.					YES	NOM	IN CERTIFYING CA	NO []		
Class. 1 physic meticon ool tone and Hyg em. 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIH	DAY YEAR	216 HOW INJURY OCC	URRED (ENTER N	NATURE OF INJUR	IN ITEM 18 PART 1 OR PAR	RT 2)		
otherdry te the o	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211 LOCATION STREET		CITY OR TOV	N COUN	TY STATE		
ATTENDS projected of facutes of Health		saw the deceased alive on	atal) attended the deceased from \$	6-1	nd that in (my) (aur) opini	an death accur	red on the da	te and hour and fram	that (1) (we) last n the couses stated		
At OR At DIRE Seroched are Dept.		22b. SIGNATURE	ngarles	-	DEGREE ATTENDING PHYSICIAN		STAF	-	5- 29-8		
O FUNES O FUNES O FUNES O FUNES O FUNES O FUNES O FUNES O FUNES		22d. PHYSICIAN'S NAME (TYPE O	NGANDLA		CLINTO	72-6 ~, Ma	Word	YARD 2073	RD.		
Es Pare		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATOR	23d LOC	ATION	COUNTY	STATE		
BP		Burial INERAL DIRECTOR	LJune85	Cedar	Hill Cem		Suitl	and PG	MD		
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME	Sul elm Funeral H	tland Iome	I MD 1881	JN 0 4	1985	SE BEGISTRAR'S SIC	SNATURE		

The state · Jan A ...

# LTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR STATE

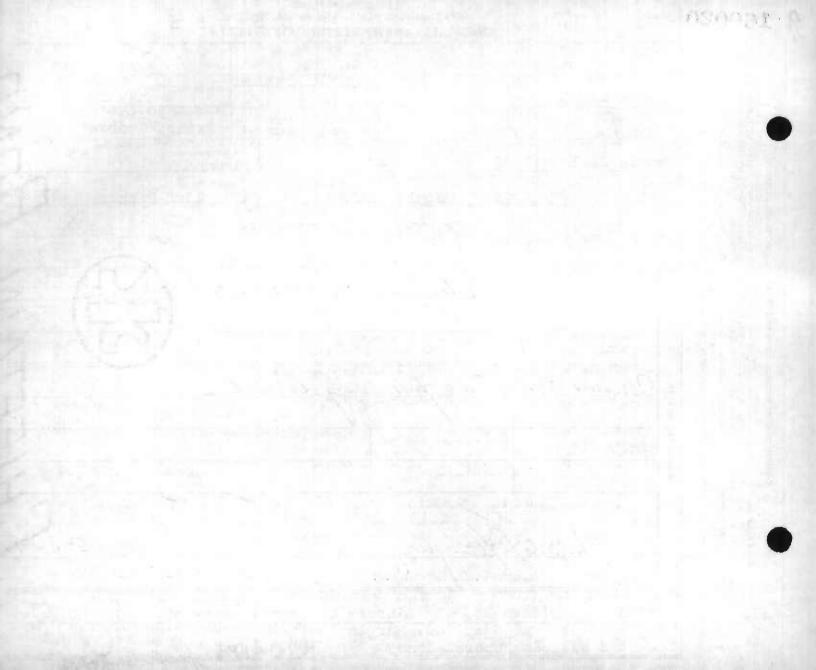
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGLENE CFRTIFICATE OF DEATH

15306

	REGISTRAR				CENTINI	AIL OF PLAIN		REG. 1	VO.				
	CEASED NAME	FIRST		MIDQLE	LA5		2a. DATE OF D	EATH	HINOM	DAY	YEAR	26 HOU	JR
( TAPE	E OR PRINT)	Minnie	2	N.	Poe		Ma	ay	22,	1985		1:55	5P.
3. SE	Х		4_RACE		5. DATE OF		6 AGE (IN YEA	RS LAST B		IF UN	DER 1 YEAR	# UNDER	
F	emale		Cauca	sian	2 MONTH	24 1889	96		VI	MONTH	15. DAYS	HOURS	MI
	IRTHPLACE (STATE)	OR EOREIGN		F WHAT COUNTRY?	8.		9 BALTIMORE	CITY			DEATH		
	rginia		US			NEVER MARRIED	Princ						
	ITY OR TOWN OF D	FATH			WIDOWED	OTHER INSTITUTION	12a USUAL OC				F KIND C	OF BUSINE	ECC /
1			(IF NOT IN SE	UCH FACILITY, GIVE STREET	DDRESS)		(TYPE OF WORK FO	OR MOST			NDUSTRY		
18	Laurel					ille Hospita	1 Nur	se			Med	lica.	1_
13a. S	STATE	136 COUN	ITY	H. GIVE RESIDENCE BEFORE		34. INSIDE CITY LIMITS?	13 STREET AD	DRESS	/ ZIP C	ODE			
	Md.	P.G	•	Laurel		YES NOX	203 10	th	Str	reet		2070	07
14 FA	ATHER'S NAME		MIDDLE	LAST	1	5 MOTHER'S MAIDEN NA		MIDDLE			LA	c.y	
1 ј	ohn	_	wis	Poe		Agnes		MIDDEE		7		rso	n
	WAS DECEASED EV	R IN U.S. AR	MED FORCES?		RITY NO.	7 INFORMANT		ADDI	RESS79				-
-{	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	217-09-7	085	Evelyn Bea	11 Ta		e1,M	id B	5198	kly 7	đ.
									,1.	1			
	PART I. DE ATH	WAS CALISE	ly one couse po	er line for (a), (b), and	l (c).)	der acers	1 1.			_	BETWEEN	ONSET AND	DEA
	1			OR AS A PONSEQUE									
N O	PART 2 OTHER SI		( (c) _	CONTROLLING TO D	DEALH BUT N	a Aurosel OT RELATED TO THE TERA		OR COI	NDITION	GIVEN IN	V PART 1	0	
CERTIFICATION	19a DATE OF OPER	PATION	196 CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOP	SY?		F YES, WE RTIFYING YES []			TH?
W W	21a. ACCIDENT WAS		110110	OF INJURY	W WE'S 8	21c. HOW INJURY OCCUR	RED (ENTERNATU	RE OF IN	JURY IN ITEM	A 18 PART I	OR PART 21		
	OR CONTRIBUTING		Un	a.m. month da P.m.	Y YEAR								
MEDICAL	21d INJURY OCCU			E OF INJURY		II LOCATION							
A A	WHILE NOT	WHILE	( AT HOME S	STREET, FACTORY, OFFICE, EA	ARM ETC ]	STREET		CITY OR I	OWN	(	OUNTY	5	STATE
1		VORK	15 1 1		1	7 67		( )	25		81-		
	22a I certify that saw the dece		(al) openies	ne geceased from _	DI	19 011				. 19_	4	that It (	
	obove, 1) (we	(did) (did no	) view the bod	ly ofter death.	0.7	that in (m/) (our) opinion	death occurred	an the	aore and				
	226. SIGNATURE	1000		16/2	DE	GREE	WEDICA:		155		22c DAT	SIGNED	
	(	AVV	Mex	VIV	PU	PHYSICIAN (	MEDICAL DIRECTOR	PHYS	AFF ICIAN [		71	HALL	J
1	THE PHYSICIAN'S	NAME ITHES	-	0		22e ADDRESS	2 . 4	26	7 .	0	da.	10	7.1
	1651-X	Jamo	mydl	400		142012	enne	1/1	Th.	do d	em	Cal f	12
23o 1	BURIAL, CREMATIO	N. REMOVAL	VIII DATE	[23c N	AME OF CEA	METERY OR CREMATORY	236 LOCATI	ION					
	(SPECIFY)		/				CITY OR	NWOT			YTAL	5	STATE
24 E	Burial UNERAL DIRECTOR		5/25	/85 Fle	n Hay	ren lata DA	Gler TE REC'D. BY REC				Α.	Md	NET
	ALAME			7.60	1 0-	dy Spr.Rd	LAV O	100	di Car	GIST THE	PINSER	LOT-V	max la
10.3	eck Fun	_		Laurel.	1 Sar	Idv Snd Da	ME Children's Carl	15 AC 18	4	THE PARTY	S Briston For		

DHMH - 16 50M 4/83 (VRA 15, 4)

N	100020		FOR		r		HEALTH	AND MENTAL H	YGIENE 1	grane .	7 0	, 4	
7	160020	1-	STATE REGISTRAR					ERTIFICATE		5	5 0	5	
-		1. DE	CEASED NAME	FIRST	77166	MIDDLE	TER 5 C	LAST	20 DATE	REG. 1	NO.	DAY YEAR	2h HOUR
	W · · · · · · ·		E OR PRINT)	Angie		R	Polk		OF	ESTI-	Marr	20.05	I TOOK
	EASI TOR TOR SUR!	3 SEX			S. DATE OF BIRTH		YEARS IF UN				May	30 1985	2d HOUR
	STEC				MONTH DAY	YEAR LAST BIRTH	(DAY) MONTH	S DAYS HOURS	MIN. PRONOL	INCED	Marr	00 05	12:0
	N N N N N N N N N N N N N N N N N N N	_	male Wh	ite	May 23		8RS.		DEA		May 3	30 <sub>19</sub> 85	РМ
	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS WORKSTON STREET,	FC	REIGN COUNTRY		78. CITIZEN OF WE	IAI COUNTRY?		ED NEVER MARR	IED L				
	NA STANS		irginia		USA		WIDOW				Georg	pa	MD.
	PAGE 5		TY OR TOWN OF DE		(IF NOT IN SUCH FAC	PITAL, NURSING HON	)	ER INSTITUTION	120 USUAL OCC		YPE OF WORK	OR INDUST	
	408 7		mple Hil			rd Parkw			House	vife			
	E 2025000	13a. S		13b. COUN	TY	13c. CITY OR TOWN	SION)	13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS			
	E 33868	Ma	ryland	Pr	George	Temple	Hills	YES NO	3906 2	3rd I	Parkwa	ay 20	748
	8 18:33//	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID!	ENNAME	MIDDLE		LAST	- 19
	# 285 X 300		Charles			Coffelt		Virgin	nia		N	estor	
	BALTIMO S AFTER GIVE PA PITH FOR PAGES 1 IVISION		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRES	SS		
	JRS AFTER S. GIVE PAWITH FOR WITH FOR DIVISION		NO.	1		579-09-2	252D	Cecil E	Estep	sam	e as	#13	
	HOUR M 1B. VG W RMIT. I'NE, D		18 CAUSE OF DEA	TH (Enter an	y ane cause per live	as (a) (b) and (c) )						APPROXIMAT BETWEEN ONSE	E INTERVAL
		-	PART I DEATH V	VAS CAUSEI	BY:	fens n	lucate	to ande	Moder	orde	ues.	BETWIELE	.T AND DEATH
T PER OVA	3		BYSYLEDIA		AS A CONSEQUENC	E OF			1.15				
	W. PREST WITHIN SINCIL IN AINER A TRANSIT VITAL HY		Canditians, if		40							-	
	W. W		gave rise ta cause (a) stating		DUE TO, OR	AS A CONSEQUENC	E OF			3/	57.5	1	
	201 W. UTED W. IN PENK EXAMIN EXAMIN SIAL-TR, D MENT, ON, OR		lying cause last									100	
	XECUTED NG" IN P. CAL EXA BURIAL AND ME		PART 2 OTHER SIGNIFICAN	IT CONDITIONS	CONTRIBUTING TO OFATN I	OUT NOT RELATED TO THE TE	PMINAL DISEASE	OR CONDITION GIVEN IN PA	PT 1 (a)	-			
	RECORDS,  UD IN EXECT PENDING, MEDICAL D AS A BUR PENTIN ANI CREMATIC	Z	Chroni	- 1	shreate			7 dt 84					
	L RECOR	ĕ	190, DATE OF OPER		19h CONDIT	ION FOX WHICH OP	ERATION W	AX PERFORMED?				20 AUTOPSY	(2
	A DOUBLE BY	CERTIFICATION					1/						
	N H S H S H S H S H S H S H S H S H S H	1 2	210. EXTERNAL CAU	ISE WAS	71b. TIME OF	INJURY	71c HC	OW INJURY OCCURRE	D (ENTER NATURE OF	NULRY IN ITEM	IR PART LOR PAR	YES L	NOLI
	CERTIFICATE SERVING THE WORK T		UNDERLYING -	OR	HOUR A.M.	MONTH DAY YE	AR	or a sour occount			TO PART TO AT AR		
	ASION	MEDICAL	71d. INJURY OCCUR			DE INJURY (ATHOME,	716 100	CATION					
	DIVISION IS CERTIFIC VRITING THAT ARD TO GE 3 SHOU TE DEPART 201 PRICE	ME	WHILE NOT			ORY, FARM, ETC.)		TREET	CITY OR	OWN	COU	NTY	STATE
	<b>I</b>		AT WORK AT V	VORK	,						/	War and	
	A FES		22s. I certify that	I took charg	e of the remains des	above, held an	Autops	sy 🔲, Inspectio	in . Inquir	y	and in my api	nian	
	MAN MAN		death resulted from	Notur	of course	Accident	Suicide	. Hamicide .	Undetermined	nanner	,		
	EXA CERT DID DIR WIT		-	1	W/K	1	/	TITLE (SPECIFY)				5.4	200
	AHOAHA	1	SIGNATURE /	negus	0 / XOTA	inque/	м.	Deputy Deputy	MEDICAL EXA	MINER	DATE	500	30-13
	NEW SET TET TET TET TET TET TET TET TET TET		EXAMINER'S NAME	//	Auden D	Sali man Ou	D		5009 Raybur	n Ct.	Temple F	Hills. Md	9.5
	O MEDICAL EXAMINER: TI XECUTE THE CERTIFICATE: AGE 4 SHOULD BE FORW OF THURRAL DIRECTOR: PO FTER DEATH, WITH THE ST.		(TYPE OR PRINT)	U	Augusto P.	igninguez, m	.D.	ADDRESS	Naybur.	1 00.,	rempre r		
	PAG DE PAGE	23a.B	URIAL, CREMATION, I	REMOVAL 2	3b DATE	23c. NAME OF C			23d LOCATION		COUN	TY S	STATE
	7/84 BP	Bi	ırial		3June85			Cemetery			PG	MD	
2	5M DHMH - 17	24. F	UNERAL DIRECTOR	-11	Suit	land, Ma			REC'D. BY REGIST		GISTRAR'S SI	GNATURE	
	(VR A15 ME (5))	Ro	bert E V	Vilhe	lm Funer	al Home		JUNA	4 1985	80			
						77.7				Julia A	WINDS IN	NOTE AND ADDRESS.	8



DEPARTMENT OF HEALTH AND MENTAL NEGIEND

142038

(VRA 15, 4)

FOR

Brille o

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENS

5	3	0	1

	REGISTRAR				CERTIF	FICATE OF DEATH	REG N	0		
	DECEASED NAME	FIRST		MIDDLE		LAST			DAY YEAR	2b HOUR
(	TYPE OR PRINT)	Mild	red	A.	Pı	reusser	May 25,	1985	5	2:55 <sup>p</sup>
3.	SEX	4.	RACE				& AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female		Whit	е	Jur	ne 3°, 1901	83	YRS	MONIHS DAYS	HOURS MIN.
70	BIRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	- C NEVER MARRIED C	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Indiana	200	U.S.	A .				Pr.	Geo.	MD.
10	CITY OR TOWN OF DEA	TH 11			G HOME	9.23		ON	12b KIND O	F BUSINESS OR
1	Brentwood		3703	3 - Tild	en S	treet			E) INDUSTRY	-
						113d INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP CODE	(2072	22)
21	Md.	Pr.G	eo.			YES NO				eet
14	FATHER'S NAME						ΛE			
//		MIC	DIE	-					Me	nard
116		N U.S. ARME	D FORCES?		RITYNO			\$000		
	(YES, NO OR UNKNOWN)									
-	No	Mildred A. Preusser    A RACE   S. DAIE OF BIRTH   May 25, 1985								
	18 CAUSE OF DEATH	Enter only	one couse pe	r line for ( b) one	dic	n - M	1 -1 1.		BETWEEN	MATE INTERVAL ONSET AND DEATH
				BREI	957	CANCER - M	elastatic	Tipo at	12	YEARS
			DUETO	D AC A CONSCIOUS	NICEOE				1000	
	Conditions if nou	and the last	(	IN AS A CONSEQUE	NCE OF					
	gove rise to imm	ediote	(6)_					15.3		
Т	underlying couse		DUE TO, C	R AS A CONSEQUE	NCE OF					
1	onderlying coose	1031	(c)_					E1 / 3"		
1.		IFICANT CO	NDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART TO	D
3	5									
	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?			
7			37.				YES TO NOT	4	_	OF DEATH?
1 3	21m ACCIDENT WAS UNDE	ERLYING -	21b. TIME C	OF INJURY		1216 HOW IN JURY OCCURR				110 []
					Y YEAR		TENTER MATORE OF 1410	IT IT TIEM ID TO	467 ( 067 467 2)	
15	(IF EITHER NOTIFY MEDIC				19			53.30		
MEDICAL.	214 INJURY OCCURRI	ED			ADAL STC 1		CITY OR TO	WN	COUNTY	STATE
1,	WHILE NOT WHI	(E [	(A) HOME SI	ALLY THE TONY, OFFICE, FT	ann erc j					
			nttended th	ne decemend from		APRT 10 83	19A4	25	1085	that (1) (we) lost
				18 10 8	3	ad that in (my) (aur) according	leath accurred on the de	to and have		
	obove, (1) (we) (di	id) (did not) v	iew the body	ofter death.			seem occorred on me de	ne ona noor		
	22b. SIGNATO		AL	1	zA a		MEDICA: STAT			
4	Nay	J. you	1/20	Shi	In	PHYSICIAN X	DIRECTOR PHYSIC	IAN	May	7 25, 198
1	274 PHYSICIAN'S NA	ME WITPE OR P	osij i	V .		22e ADDRESS	^	1	,	
	HADINE	1-	KAT	3011 M	1)	8976 /	WARD ROW	1 ( ).	12.11	12/ 2022
+	I I I I I I I I I I I I I I I I I I I				U.	10170 4000		M.	VION /	-M.XU74
23	(SPECIFY)			COLUMN TO THE REAL PROPERTY.					COUNTY	STATE
	Buria	1	5-30-	85 Ft.	Lin	ncoln Cem.	Brentwo	od	Pr. Geo	Md.
24	FUNERAL DIRECTOR	-					REC'D. BY REGISTEAN			

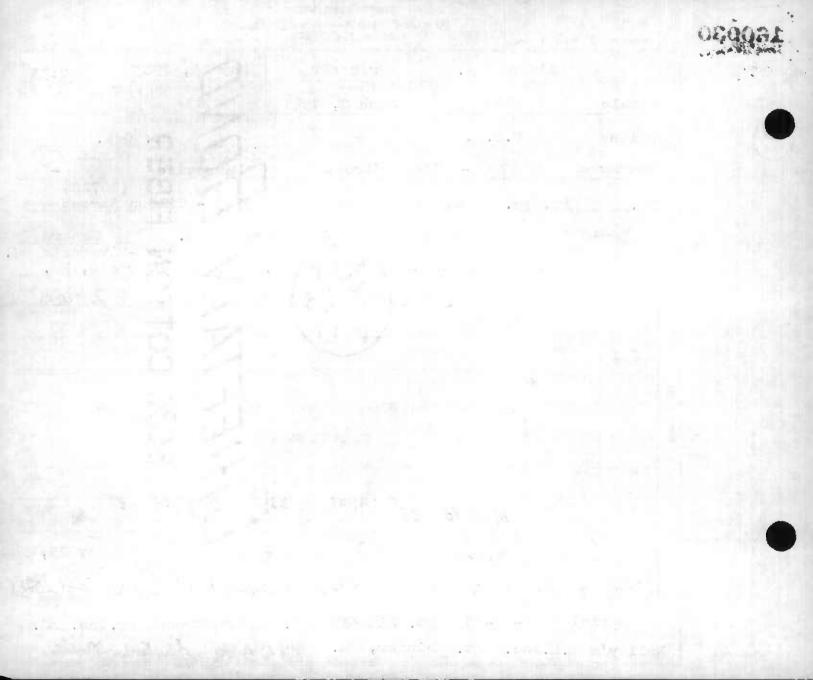
DHMH - 16 60M 7/84 (VRA 15, 4)

NafTey's F.H.Inc. Mt. Rainier, Md.

Ft. Lincoln Cem. Brentwood Pr. Geo. Md.

250 DATE REC'D. BY REGISTRAN'S SIGNATURE

1250 DATE REC'D. BY REGISTRA



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLYGIENE

5

256. REGISTRAR'S SIGNATURE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG	NO.		
	1. DECEASED NAME FIRST	MI	DDLE	Ĺ	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR
	(TYPE OR PRINT) Bessie	K	erlee	Pri	ce	May 4, 19	985		11:40a M
	3 SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
d	Female	Black	F 53.	Dec		67	YRS	MONTHS DAYS	HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8 AAAA DDIE	₩ NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
1	South Carolina			WIDOWE		Prince Ge	eorge'	S	MD.
3	10. CITY OR TOWN OF DEATH  Lanham	(IF NOT IN SUCH	FACILITY, GIVE STREET A	DDRESS1	e Geo. 's Co.	12a USUAL OCCUP (TYPE OF WORK FOR MO Retire	ST OF WORKING		F BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUR Maryland P. C	OTHER INSTITUTION O		ADMISSION)	13d INSIDE CITY LIMITS? YES NO []	13e.STREET ADDRES 9170 E	SS / ZIP COD	ton Ro	770 ad
4	A FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	E	LAS	iT.
_	Julian		Jones		Dicie			Gladd	en
Bog	16a WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	579 09		Charles Pr Road Green	ico-huch	and-9	170 Edi	monston
7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (CAPACION)  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR  (c)  PHOLITIONS CON  LEN A	terela	NCE OF NCE OF	egative :	INAL DISEASE OR CO	20b. IF YI	IVEN IN PART 111  ES, WERE FINDIN  IFYING CAUSES	NGS USED
7			INJURY . MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	YES NO	1	res 🗌	NO [
7	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AL WORK	P.M.		19	21f LOCATION STREET	CITY OF	RTOWN	COUNTY	STATE
	22a.1 certify that (I) (this haspi saw the decond above an abave, (I) (we) and I did no 22b. SIGNATUR) 22d. PHYSICIAN	Dew For Word	Your AS		d that in (my) (aur) apinian of DEGREE  ATTENDING PHYSICIAN [1]  22e. ADDRESS  4700	MEDICAL S	TAFF		
	23a BURIAL, CREMATION, REMOVAL (SPECIFY) May 9, 1985 Ma	23b. DATE k Groye			METERY OR CREMATORY  Metery, Stell	23d LOCATION CITY OR TOWN		COUNTY	STATE

To Stew Good Home - 4001 Benning Road, N.E.

DHMH - 16 60M 7/B4

24 FUNERAL DIREC

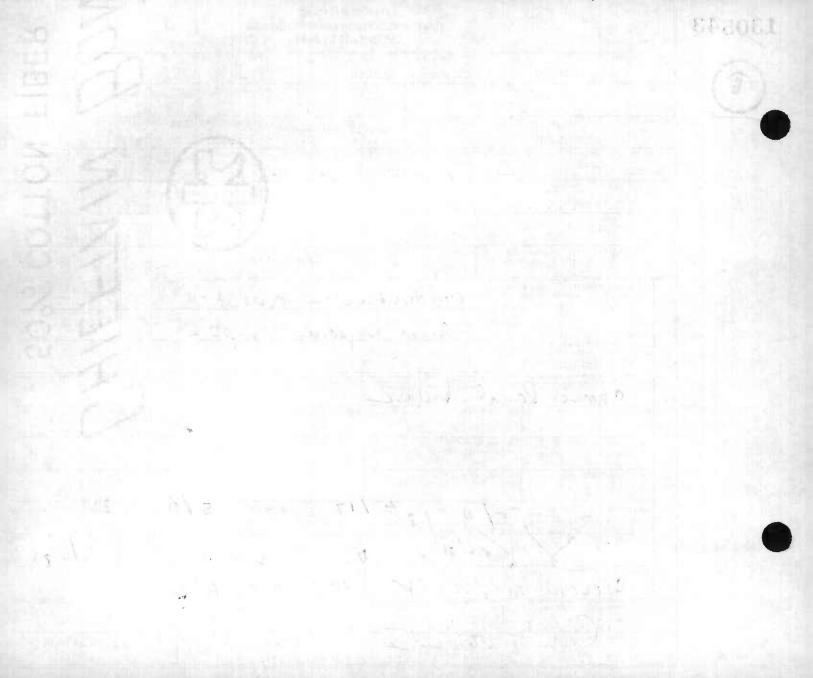
Stewart

Funeral

injury, or other traumatic event, th

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove carl with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumati



- STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

FIRST

William.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE CERTIFICATE OF DEATH

Probst

23c NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cem, Inc. Mt.Rainier, MANAY

8	0.44	- 1	13	(2)
1	5	C	U	7

DAY

18

85

IF UNDER I YEAR

26. HOUR

12:10

REG. NO

MONTH

5

20. DATE OF DEATH

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8	6	S
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RE	6	25 1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	NG PHYSICIAM: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be attending physician.	fter this certificate has been signed by the attending physician and campletely filled in by the funeral dimension
H	Z. J	ofe
4	IAh phy	11fic
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ISI	P P	=
2	Z	fe

] ].	SEX No. 7	4. RACE	ucasian	5. DATE O	25° 1899	86 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	HOURS A
/	Male	Ua	ucastan	Jan	25, 1099	YRS		
70	BIRTHPLACE (STATE OR		S.A.	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		
4				WIDOW		Prince George		
10	CITY OR TOWN OF DEA	ATH 11. NA	ME OF HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION	124 USUAL OCCUPATION	126. KIND C	F BUSINESS
	Riverdale		land Memoria		pital	Ret. Superv	isor-	PEPCO
35	SUAL RESIDENCE (IF NURS	136 COUNTY Pr Geo			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS ZIP CO	or St.	207
	FATHER'S NAME FIRST (Unk	nown")DDLE	LAST		15 MOTHER'S MAIDEN NA	<sup>ME</sup> Unknown⁰) <sup>™</sup>	LAS	ST.
16	WAS DECEASED EVER	IN U.S. ARMED FO		7876	Elsie M.Ko	ch - 9107ES Br	idgewa Park,Mo	ter S
			ouse per line for 10 , (b), and	d (c )			BETWEEN	IMATE INTERVAL
× 60	PART I. DE ATH W	AS CAUSED BY:  IMMEDIATE CAUS	E (D) Cer	Lade	Jarula Aca	ident	140	lys.
ury, ar other frau	Conditions, if ony, gave rise to imm cause (a), statin underlying cause  PART 2. OTHER SIGN	mediate ng the last.	E TO, OR AS A CONSEQUE		The slass	MINAL DISEASE OR CONDITION (	GIVEN IN PART 11	0
	190 DATE OF OPERA		CONDITION FOR WHICH	Chu	u o bylulle	200 LUTOPSY? 206. IF	YES, WERE FINDI	NCC LICED
Tulni yoo xwon in India	THE DATE OF OPERA	170	CONDITION FOR WHICH	OFERATIO	IN WAS PERFORMED	YES NO	TIFYING CAUSES	
or frem 8		CAUSE OF DEATH	. TIME OF INJURY OUR A.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	8 PART : OR PART 2)	
xed or	21d INJURY OCCURI	AILE (AT	PLACE OF INJURY HOME STREET, FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STAT
21 is mai	22a I certify that (I) saw the decease	(this hospital) atte	he body after death.	5	nd that in (my) (eur.) aprinion	death occurred on the date and h		that (I) (we)
II. If Rem	22b. SIGNATORE	ul .	meshie		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
PORTAN	22d. PHYSICIA 5		meshel		22e ADDRESS	1, 1	ealtrill	(m) 10

MIDDLE

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Burial

236. DATE

23d LOCATION

Brentwood

Pr. Geol Md. 25h REGISTRAR'S SIGNATURE

Tille. Conserved - ten. 25, 1899 (1886) Tel. August Wien, A. Jeff SECOND . 38 10 ETH . - -. L. C. BEC. SECRALINGS

STATE OF MAI	RYLAN
DEDARTMENT OF UCALTU A	MD M

4739 Baltimore Avenue Hyattsville, Md.

ID DEPARTMENT OF HEALTH AND MENTAL INGIEND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HOSINED  TOTAL STATE  TOT		1					OF MARY		177	2	prob	1.2	1 0	1	
TRECASED NAME  10 JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	1091	1.	- STATE		DEPAR				SIEND	PEG NO	2	3	1 (		
Second   S		1 DE		FIRST MIDDLE LAST 20 DATE											
Male  White  Whi	611								la bille o			12	85		
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The City of lown of Death Prince General Gen	a 72 to		COUNTRY			MARRIE					_		ME		
136 STATE   136 COUNTY   136 CITY OR TOWN   136 CITY OR TOWN   136 STREET ADDRESS / ZIP COCK   207 37   207 3	pullou 74		CHEVERLY	PRINCE	FHOSPITAL, NUR	GENER			TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
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The control of the	exomine	14. F.	FIRST	-	r Prun	ner	E	dna	100	Mae		1	Feri	ris	
18. CAUSE OF DEATH Enter only one couse per line for 10.   10.	Poges		YES, NO OR UNKNOWN) [IF Y	No ORUNKNOWN)   IF YES, GIVE WAR OR DATES)   104-12-1848   Mary A. Prupper (Wife) Same					ne as	e as 13e					
DUE TO, OR AS A CONSEQUENCE OF  (b) DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE  (c) DUE TO, OR AS A CO	rending physicio e corbon papers. on, or removol. imotic event, the		18 CAUSE OF DEATH IEM PART I. DEATH WAS C	ter only one couse p	er line for to . 1/1.	bowlens	MAM	anes	r				BETWEEN	IMATE INTERVAL ONSET AND DEATH	
gove rise to immediate course joi. stating the underlying course lost.    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSES OF DEATH?   PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CAUSES OF DEATH?   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CAUSES OF DEATH?   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CAUSES OF DEATH?   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CAUSES OF DEATH?   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CAUSES OF DEATH?   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CAUSES OF DEATH?   PART 2 OTHER SIGNIFICANT CONTRIBUTION CAUSES OF DEATH?   PART 2 OTHER SIGNIFICANT CONTRIBUTIONS COURSE OF DEATH?   PART 2 OTHER SIGNIFICANT CONTRIBUTIONS CAUSES OF DEATH?   PART 2 OTHER SIGNIFICANT CONTRIBUTIONS CAUSES OF DEATH?   PART 2 OTHER SIGNIFICANT CONTRIBUTIONS COURSE OF DEATH?				DUE TO.		WHILE T		nama	Ed.				W	1.	
196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   206 AUTOPSY?   206 IF YES, WERE FINDINGS USED   YES   NO	L cremotio other trou		gove rise to immedio couse (0), stoting the	te DUE TO.	OR AS A CONSEC	QUENCE OF	(000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			I				
OR CONTRIBUTING CAUSE OF DEATH  (#FEITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.)  27e 1 certify that   ) (this hospital) attended to some the decreased allow an obove, (  ) (we) (did) (did not) view the body in ter death.  27e 1 certify that   ) (this hospital) attended to some the decreased allow an obove, (  ) (we) (did) (did not) view the body in ter death.  27e 1 certify that   ) (this hospital) attended to some the date and hour and from the couses stated and obove, (  ) (we) (did) (did not) view the body in ter death.  27e 1 certify that   ) (this hospital) attended to some the date and hour and from the couses stated and obove, (  ) (we) (did) (did not) view the body in ter death.  27e 1 certify that   ) (this hospital) attended to some the date and hour and from the couses stated and obove, (  ) (we) (did) (did not) view the body in ter death.  27e 1 certify that   ) (this hospital) attended to some the date and hour and from the couses stated and physician    (  ) (  ) (  ) (  ) (  ) (  ) (  )	then ples to buriol njury, or	NO.	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING	O DEATH BUT	NOT RELATE	ED TO THE TERM	AINAL DISEA	SE OR CON	DITION	GIVEN I	J PART 1	a	
OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21d INJURY OCC	permit.	TIFICATE	190 DATE OF OPERATION	196 CON	DITION FOR WHI	CH OPERATIO	N WAS PERF	ORMED		1		TIFYING		OF DEATH?	
220.1 certify that [1] (this hospital) otten deceased from 19 10 . and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the blody it ter death.  DEGREE  MANUAL  270. SIGNATURE  270. SIGNATURE  MANUAL  270. SIGNATURE  270. SI	SO T SO		OR CONTRIBUTING CAUSE	OF DEATH HOUR	A.M. MONTH		21c. HOW	INJURY OCCUR	RED (ENTERN	ATURE OF NUM	RY IN ITEM 1	8 PART I C	OR PART 2)		
ATTENDING MORE TO THE MORE TO		MEDIC	21d INJURY OCCURRED	21e PLAC	E OF INJURY		211 LOCAT	ION		CITY OR TO	wN	C	VINUO	STATE	
sow the deceosed alive on obove, (I) (we) (did) (did) not) view the body ter death.    19	se os t eolth o morke		AT WORK AT WORK	hospital) attended	deceoped fro	ma/ S	01		3., to	MAL	1	. 192	-	that (1) (we) lost	
MMIND. WILLS ATTENDING AND DIRECTOR PHYSICIAN STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSI	d for u d for u t of Hu m 21 is		obove, (I) (we) (did) (did)	ve on	M 10	. 0		y) (our) opinion	deoth occurr	ed on the de	ore and h	-	-	couses stated	
MARGIN D. WELL 15X NUMWY ENTER D. CREMATION, REMOVAL 23b. DATE 13c. NAME OF CEMETERY OF CREMATORY 23d LOCATION CITYOR TOWN Burial 5/15/85 Fort Lincoln Cemetery Brentwood P.G. Maryland	RAL DIRE detoche tote Dep VT: If He		MMYMO.	Weltz	w			PHYSICIAN					5	3/85	
Burial 5/15/85 Fort Lincoln Cemetery Brentwood P.G. Maryland	o FUNE hould be outh the Si		MARTIN D.	WELTZ	- 1525	gue	MWM.	1 ente	in	bree	NH	St	mi	02077	
Bullar 3/13/03	. 75 3 ≧	230	(SPECIFY)						C17	ATION YORTOWN DTWOOD	1	Prot	WITY G.	Marvland	
		24 5					-		-						

DHMH - 16 60M 7/B4 (VRA 15, 4)

11,000 The second second GEAS CHI YOU E

should be

ATTENDING

PHYSICIAN

and that in (phy) (our) apinian death occurred an the date and hour and from the causes stated 22c DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL Burial

771 SIGNATURE

728 PHYSICIANS NAME THE CHIMING

23b. DATE

May 18.1985

22e ADDRESS

DEGREE

23c NAME OF CEMETERY OR CREMATORY Woodland Cemetery

MEDICAL STAFF

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

MPORT

(VRA 15, 4)

Donaldson Funeral Home, Laurel. Md

220.1 certify that (I) (this hospital) ottepded the deceased from

Whitacre, Vitrginia 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Triples Randalle

STATE



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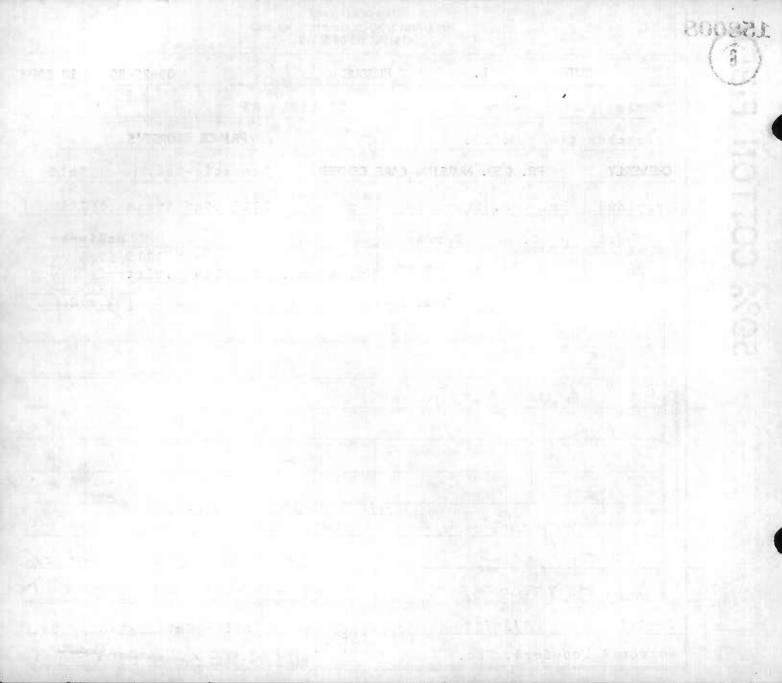
DEPARTMENT OF HEALTH AND MENTAL HOGIENE CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HOG DEATH		<b>3</b> . NO.	J !	4	
). DEC	CEASED NAME	FIRST	N	IDDLE	L.	AST		20. DATE OF DEAT		DAY YEAR	2b HOUR	
(TYPE	OR PRINT)	UTH			PL	IRDUE				-25-85	10 50RM	1
3 SEX	X 77.		4 RACE		S. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS		
F	emale		Negro		Jan	27	1900	85	YF	RS.	MIN.	
	RTHPLACE (STATE OR F COUNTRY) assachus		7b. CITIZEN OF V	A.	MARRIEI WIDOWE		MARRIED	9 BALTIMORE CI PRINCI			MD.	
-	TY OR TOWN OF DEA	(TH		OSPITAL, NURSIN FACILITY GIVE STREET. NURSING				120 USUALOCCU (TYPE OF WORK FOR M Domesti	OST OF WORKIN	G LIFE) INDUSTR	OF BUSINESS OR Self	
130. 5	AL RESIDENCE (IF NURS	13b. COUN	OTHER INSTITUTION		ADMISSION)	13d INSIDE (	CITY LIMITS?	13e.STREET ADDR		ODE zenue 2	0785	
	ATHER'S NAME	1 1 1	. 000.	Oneveri	- )		S MAIDEN NA		110		0,00	
14.17	Robert		L.	Perdu	ıe		Emma	MIDI	DLE	McK	inney _	
	VAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17 INFORM	ANT	A	DDRESS	1715 62	nd Ave	Mc
(1	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	114-03-	-1564	Mr &	Mrs	Nichola			-Chever	
=	18 CAUSE OF DEAT	M (Enter or	ly one course per			1		MICHOIL			DXIMATE INTERVAL N ONSET AND DEATH	- ) :
	PART I. DEATH W	'AS CAUSE	D BY:			0210				1	Clau	
		IMMEDIA	TE CAUSE (o)	CA03E (0)							Csco	
			DUE TO, OF	R AS A CONSEQUE	ENCE OF							
	Conditions, if ony, which (b) (b)											
	couse (o), stotin		DUE TO, OF	AS A CONSEQUE	ENCE OF							
	-		(c)									
NO	PART 2. OTHER SIGN	MIFICANT	LA WE	NO ~	DEATH BUT	NOT RELATE	D TO THE TERM	NINAL DISEASE OR	CONDITION	GIVEN IN PART	Ho	
CERTIFICATION	190. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?		YES, WERE FIND		
FIC	At /	9		NIA				YES TO NO	- 1	RTIFYING CAUSI	S OF DEATH?	
ERT	21g. ACCIDENT WAS UNI	DERLYING F	21b. TIME O	FINJURY		21c. HOW II	NJURY OCCUR	RED (ENTER NATURE O				
	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA			NIA					
MEDICAL	(IF EITHER NOTIFY MEDI		21e PLACE (		19	211. LOCATI	ION					
MEC	WHILE NOT WE	HILE		EET, FACTORY, OFFICE, F	ARM, ETC )	STREE		CITY	OR TOWN	COUNTY	STATE	
	220 1 certify that (I)	<del></del>	A . 15 M d d . d . b		11	11	10.63	4-	125	10 0 1	that (we) lost	
	sow the decease	ed oluve on	view the body	1 190	-)	nd that in my	our) opinion	death occurred on	he date and	hour and from the	( )	
	226. SIGNATURE	14	1			DEGREE			The same	22c. DA	IE SIGNED	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5 /26 /25											
	224 PHYSICIAN'S N	AME (TYPE	OR PRINT)			22e. ADDRE	SS		\ -		0 .	- (
	Dont	4. X	ablon	stido		103	100 G	reenbel	+ R	01 160	2100K W	CI
	BURIAL, CREMATION, (SPECIFY)	REMOVAL			NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION		COUNTY	STATE	
В	urial		5/30/	85 I		Cemet		Collin		Delaw	are Pa.	
	UNERAL DIRECTOR			. ADDRESS	1622	N.W.	D . C .	TE REC'D. BY REGIS	TRAR 25b. RE	GISTRAR'S SIGN	ATURE CO	
M	orrow & T	wood:	ford, I	nc.	00,		MAY	31 1985	4 chan	Danigon-N	À	

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: If them 21 is marked at them 18 shows any injury, or other traumatic event, the medical examples to the second of the medical examples to the second of the medical examples to the second of the second o



130576	1	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HE ICATE OF DEATH	GIENE REG. NO	5 3 1	3
10		CEASED NAME FIRST ELMER	MIDDLE S.		LES	20 DATE OF DEATH	05-05-85	26 HOUR 10:50PM
ge 4 n ector, rs afte	3. SEX	Male	White	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER YE.	
to T		ASHINGTON, D.C.	76 CITIZEN OF WHAT COUNTRY!			PRINCE GEORGE'S COUNTY		
s offer d	200	Y OR TOWN OF DEATH HEVERLY	PRINCE GEORGE			120 USUAL OCCUPATION OF WORK FOR MOST OF Sign Paint	oor Adv.	
within 24 hours	1 la. S	RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY P.	NTY I3E CITY OR TOV	VN	13d. INSIDE CITY LIMITS? YES X NO [	13e.STREET ADDRESS / 6716 W. Fo		
and and a	7	THER'S NAME FIRST	J. Pyles		15 MOTHER'S MAIDEN NA FIRST Anna	WIDDIE	Tuc	20785 ker
be execut	(Y		RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 577-09-0		Maggie P. Py	ADDRE yles (Wife)	Same as 13	
physic on pope emoval.		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), a ED BY. TE CAUSE (a)		Arrest		APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
that the death ce d by the attending lease remove corb ial, cremation, or or other troumotic	37.16	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOL	my,	artery o	liscase		
requires	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF THE CONTROL OF THE CON	CONDITIONS CONTRIBUTING TO	ndu	Le Palma	MINAL DISEASE OR CON  MONTH DO  200 (DITOPSY?  YES   NO   NO   NO   NO   NO   NO   NO   N	DITION GIVEN IN PART  200 IF YES, WERE FIN IN CERTIFYING CAUS  YES	DINGS USED
G PHYSKIAN: The ottending physicion oftending physicion for this certificate hos site buriol-transit p and Memal Hygien ked or them 18 stork	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (HE EITHER NOTHEY MEDICAL EXAMINER 21d INJURY OCCURRED		19	216 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	-	STATE
A TTENDING PHYSICIAN. The low hospital or oftending physician.  RECTOR: After this certificate has be hed for use as the buriol-transit permippl. of Health and Mental Hygiene priem 21 is marked or them 18 spows on	×	saw the deceased alive on above, (1) (we) (did) (did no	ital) attended the deceased from	25 <sup>+</sup> , as	and that in (my) (aur) apinian	death occurred on the de		131-
OR he he		226. SIGNATURE CO			ATTENDING PHYSICIAN   220 ADDRESS	MEDICAL STAI	FF	16185
TO HOSPITAL retoined by th TO FUNERAL should be dete with the State	123a B	V, P. C. Ca'	ndar	NAME OF C	GOOI, LAN	dove Rol	Challers	41H120783
BP		Burial	5/9/85 M	arylan	d Veterans Co	em Cheltenh	am P.G.	Marylan

DHMH - 16 60M 7/84 (VRA 15, 4)

Frances Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE OF THE PROPERTY OF THE

By the world of war to the state of the same of the THE REST OF THE PARTY. MACHINE CALLED A TON BOWER MAT 8 183 J -----

450055	1,	FOR			STA DEPARTMENT OF	TE OF MARYLA HEALTH AND M		IENE   5	1 4	
158057	L'.	STATE REGISTRAR		ME	DICAL EXAMIN	IER'S CERTIF	CATEOF	DEATH REG. NO	).	Mary .
Mark Sec		CEASED NAM	Doris		Ellen	Ouinto	n	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YE	FO P
2	3. SE	emale	White	5. DATE OF BIRTH	1926 58	EARS FUNDER ) YR.  PAY) MONTHS DAYS  RS.	HOURS MIN	PRONOUNCED DEAD M2	MONTH PAT Y	DO DA
NAME OF THE PARTY		RTHPLACE (S REIGH COUNTRY) EW YORK		U.S.A		MARRIED MN WIDOWED	EVER MARRIED DIVORCED	Prince Geo	COUNTY OF DEATH	
PACE PACE SETTED	R	iverdal	e	Leland !	SPITAL, NURSING HOM CILITY, GIME STREET ADDRESS) Memorial Ho	spital	UTION 12a	USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Sales	200	FBUSINESS New S Ly Store
F AND SHOULD SHOULD IN RECORD	13a M	aryland	P. G		13 Adelphi		CITY LIMITS? 139	330 Lynmont I	rive 2078	33
MA HIS	14. F.	Thomas		MIDDLE	Barrett		TER'S MAIDEN N FIRST NNA	AME	Bec1	c
ALTIMORE, ATTR DEA THE FORM P. H.	160.\	VAS DECEASEI ES, NO, OR UNKNO NO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	112-16-13			ADDRESS Inton (Husband	l) Same as	3 13e
IDS, 201 W. PRESTON ST. XECUTED WITHIN 24 HOL G''. IN PENCIL IN TEM. AL EXAMINER ALONG BURIAL - IRANSIT PERMIT AND MENTAL HYGIENE, AND OR REMOVAL.		Canditia gave ri cause (a) lying cau		TE CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TER	OF C		ial Disv		
BUYISION OF VITAL RECORDS, SCRTIFICATE SHOULD BE EXEC RITING THE WORD PENDING' RDED TO THE CHIEF MEDICAL ES SHOULD BE USED AS A BUR E DEPARTAMENT OF HEALTH AND OI PRIOR TO BURNEL CREMATING	AL CERTIFICATION	190. DATE OF	OPERATION  VON LI CAUSE WAS	19b. CONDI 21b. TIME OI HOUR A.M	FINJURY A. MONTH DAY YEA	RATION WAS PERFO	RMED?	D. MIER NATURE OF INJURY IN ITEM 18 P	20 AUTO YES	
DIVISIO HIS CERTIF ARITING 1 ARDED TO (GE 3 SHO (TE DEPAR (201 PR(O	MEDICAL	21d INJURY C	OCCURRED  NOT WHILE  AT WORK	21e PLACE	DF INJURY (AT HOME, TORY, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA ABLIMORE, MARYLAND, 21		22a. I certi death result ACTUATURE IGNATURE EXAMINER'S (TYPE OR PRII	y that I took charged from: Natural NAME John	S. Roger	s, M.D.	M D ADDRESS	SPECIFY) 1919 Sen	medical examiner minary Rd. Si	DATE 12 / 2 SIGNED 2 / 2	
07/84 BP	- (	SPECIFY)	nation	5/30/85		metery or cremat	atory	d LOCATION CITY OR TOWN  Brentwood  D. BY REGISTRAR 256 REGIS	P.G. ME	aryland
DHMH - 17 (VR A15 ME (5))	F.			.H. P.A.	Hyattsville	, Md.	JUN 5		ALKAN SIGNATURE	JO.

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John S. Parents, M. D. 1910 Sections of File Spe. Md.

Port timents Frontier Prentuced P.A. Morrised

r. mach's Sone F.M. J.A. Buttaville, Md. W. - Mc Sone F.M. J. Mattaville, Md.

injury, ar ather traumatic event, th

IMPORTANT: If hem 21 is marked or Item 18 shaws any

Beall Funeral Home

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUNE

5 3 1 5

1 - STATE REGISTRAR	DET ANI	CERTIFICATE OF DEATH	REG. NO.	0 1 3	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26 1	HOUR
(Type OR PRINT) Ma	rian D.	Rabe	May 30,	1985 10	: 05P M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTH	MONTHS DAYS HOL	NDER 24 HRS
Female	Caucasian	Nov. 18, 1935	49	YRS	Mile.
TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR	COUNTY OF DEATH	-
Pennsylvania	USA	WIDOWED DIVORCED	Prince Geor	ges County	MD
10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE) INDUSTRY	SINESS OR
Laurel		Beltsville Hospi	tal Registere	d nurse Mid-1	wife
Maryland Frinc	or other institution, give residence befor JNTY 13t. CITY OR TOV e Georges Laure	YES ON O	12113 Moun	zip code 20° t Pleasant Dr	708 ive
14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	I AME MIDDLE	LAST	
Chester	H. Denlinge			Shimp	
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECT	URITY NO. 17 INFORMANT	ADDRES	S	
no	210-30-8	564 Gordon C. R	abe sa	me as 13e	
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO		EHYDRATION		
TIFE			YES NO NO		O [
OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this has	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 711 LOCATION	JRRED (ENIER NATURE OF INJURY	n COUNTY	STATE
274 PHYSICIAN'S NAME (1996)		DEGREE ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAFF	e and hour and from the coust	
The PHYSIGIAN'S NAME UP	HAD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA  WHILE GEO  Y 1734 LOCATION	e and hour and from the coust	es stated NED
The StOpper (did) (did	To Prior the body offer dooth.  19  19  19  19  19  19  19  10  10  11  11	DEGREE ATTENDING PHYSICIAN 220 ADDRESS NAME OF CEMETERY OR CREMATOR' rst. Lutheran Ch.	MEDICAL STAFF DIRECTOR PHYSICIA  PLUE GEO  1 23d. LOCATION CITY OR TOWN  COM- BOWLE	e and hour and from the coust	es stated NED

Bowie, Maryland

DHMH - 16 50M 4/B3 (VRA 15, 4)

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OF THE STREET Pendo Hov. 10, 1937 of the other course of the state of the stat Maryland Jaince Grorges Laurel a 12113 Mount Plotte Fried Okeaner II. Sentinger Aprile CHAPME. 210-30-5564 Gordon C. Robe sent us 138 WETER FOR BUELS VALUEDING ME WELL TO SEE TO PROSE PORT OF SHIPLE IN

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Byricl June 3 1955 First Junerou do. com. Boris, Marylanda. August Licoto Amerika Nd. Borll Frankol fichs y Yoyds, Maryland

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	2	3	- 8	8

156116	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTACHYO CERTIFICATE OF DEATH	GENE 1 5 3 1 6
be 3			MAN F.X.	LAST TS DATE OF RIRTH	20. DATE OF DEATH MONTH DAY YEAR 20 HOUR 5 27 AT AM
_ ( A ) _	3. SE.	MALE	White	MARCH 5, 7910 YEAR	75 YRS
69		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGES MD.
To the first the state of the s	co	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS) VE PLACE	126. USUAL OCCUPATION 128. KIND OF BUSINESS OR (1YPE OF WORK FOR MOST OF WORKING LIFE)  ATTORNEY
other 24 hours 22 hours 22 should be	136. S MA	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU.  RYIAND PRT.  ATHER'S NAME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 13c. CITY OR TOW COLLEGE	N 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 9236 LIMESTONE PLACE 20740
p 400		JOHN	MIDDLE LAST RAHII	FIRST	ANNA LAST
be exected and see and		NAS DECEASED EVER IN U.S., A YES, NO OR UNKNOWN) (IF YES, G YFS	RMED FORCES? 166. SOCIAL SECU IVE WAR OR DATES) 0.88-10-2		RAHILL SAME AS 13 WIFE  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL
equires that the death certifical signed by the attending physical places remove corbanapes to burial, cremation, ar remove niury, ar ather traumatic event,	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E		MINAL DISEASE OR CONDITION GIVEN IN PART 110
he law re on. has beer t permit.	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
NG PHYSICIAN: To attending physicifier this certificate as the burial-transit hand Mental Hygin by and Mental Hygin by and Mental Hygin by and Mental Hygin by a second the second mental second menta	MEDICAL C	OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTHY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK		19 211 LOCATION	CITY OR TOWN COUNTY STATE
1. OR ATTENDIR the haspital or 1. DIRECTOR: A proched for use the Dept. of Healt if them 21 is mo		saw the become alive o	ontol) oftended the degrased from 19 of) view the body ofter death.	DEGREE ATTENDING PHYSICIAN	death accurred on the date and hour and from the causes stated  22c. Date SCNED
TO HOSPITAL retained by th TO FUNERAL should be dete	23a. F	220 PHYSICIAN'S NAME (TYPE	CHANEL	122e ADDRESS PA 24 CONTRACTORY  NAME OF CEMETERY OR CREMATORY	Permitty Law Wite Boy
BP		BURTAL		TE OF HEAVEN	SILVER SPRING  TE REC'D. BY REGISTRAR 256. REGISTRAR

20901

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burial

Robert E Wilhelm Funeral Home

ADDRES Suitland, Md

Fort Lincoln Cemetery 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Javidson-Randelle

Brentwood

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order 1860 Charles the 12 color watered the third and the state of the

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

15319

- STATE REGISTRAR	ZI ANI	CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	MIDDLE	LASI	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)  Janet	c F	Renn	May	22,1985 3:11A.
	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	July 31, 1898	86 YRS	
. BIRTHPLACE (STATE OR FOREIGN 71 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
Maryland	USA	WIDOWED DIVORCED [	Prince George	
CITY OF TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET</li> </ol>	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION	126 KIND OF BUSINESS OF
Laurel		Beltsville Hospit		Home
USUAL RESIDENCE (# NURSING NOME OR O 130. STATE 131 COUNT Maryland Mont	Y 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS	13e STREET ADDRESS / ZIP CO 15715 Oursler	Road 20730
4 FATHER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
	Grauel	Lilliah		ither
60 WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	Pa 0 + 1
(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 579 01 48	888 M. Elaine	Butler 11493 Mon	taomery Rd, Ma
18. CAUSE OF DEATH (Enter only) PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which	BY: VITITIVI	CULAR ARRHYT		APPROXIMATE INTERVAL BETIMEEN ONSET AND DEATH
gave rise to immediate cause (a), stating the underlying cause last.	(0)	CY ARTERY DI		
	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition (	GIVEN IN PART 110
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED KTIFYING CAUSES OF DEATH? YES NO NO
CAUSE OF SELECT	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART ?}
(IF EITHER NOTIFY MEDICAL EXAMINER)  21d IN JURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
22e I certify that (I) (this haspita obve. (I) (wf) (did) (did not) 27b. SIGNATORE	144 10 19 3	nod that in (my) (aur) apini	an death accurred an the date and h	, 19 5, that (I) (we) los nour and from the causes stated

TO HOSPITAL OR ATTL

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should be deteched for
with the Store Dept. of

DHMH - 16 50M 4/83 (VRA 15, 4) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE May 25, 1985

23c. NAME OF CEMETERY OR CREMATORY St. Pauls Lutheran

22e ADDRESS

PRINCE GEOST LAUREL

ATORY 23d LOCATION Maryland Fulton, Maryland

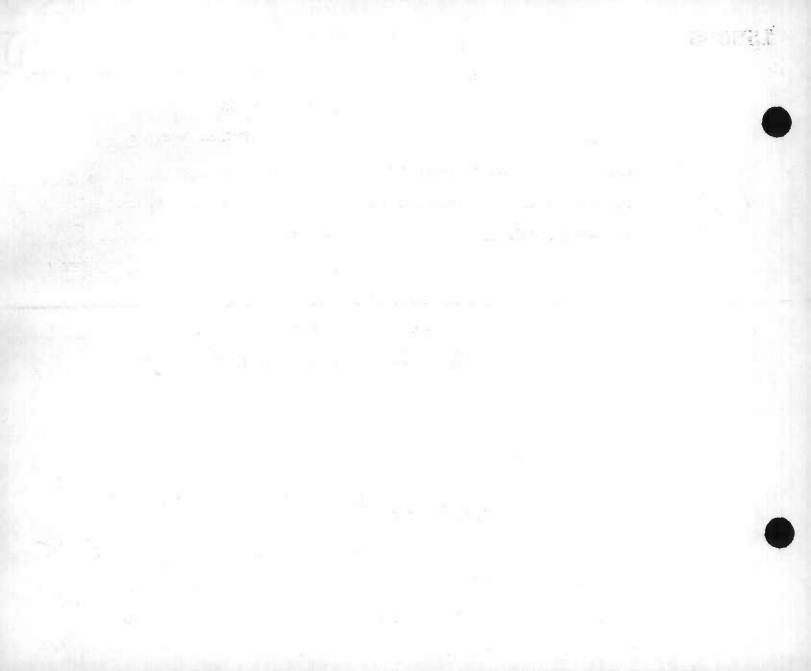
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

24 FUNERAL DIRECTOR

Draldson Funeral Home, Laurel, Md

100 DATE RECD. BY REGISTRAR 210 REGISTRAR'S SIGNATURE



STATE OF MARYLAND 137026 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR LIVPE OR PRINT Robert Carl Ringley 5-10-86 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Male Caucasian 1920 70. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED COUNTRY) USA Prince George's WIDOWED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton Southern Md. Hospital Carpenter Contractor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1107 Accokeek Rd. 20607 Accokeek YES T NO T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Burdine Ringlev Sarah Robert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Accokeek 414-20-5752 ubv Rd., Accokeek, MD Ringlev No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, ORAS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d, INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased of the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE STAFF ATTENDING MEDICAL FUNERAL I PHYSICIAN TO DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Richard H. Dobson. M.D. Brandywine, Maryland 20613 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BP Burial Trinity Mem. Gardens Waldorf Charles 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 Filia Davidson-Randalle Huntt Funeral Home, Waldorf, Md. (VRA 15, 4)

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STATE OF MARYLAND

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<b>新りまらま</b>	I SEX	4 RACE	DATE OF BIRTH	6 AGETINTE	ARS IF UN	NDER I YR IF UNI	DER 24 HRS 2c	DATE	MONTH DAY	YEAR 2d. HOC
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22 m B 2/1/	ID CITY OR		NAME OF HOS	PITAL, NURSING HOME			120 USUAL	Prince G	eorge's Co	OF BUSINESS
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<b>产业水产生的</b>	23e.BURIAL, C SPECIFY! Burial	CREMATION, REMOVAL 236.		23c. NAME OF CEA			23d. LOCAT	ION	COUNTY	STATE
07/84 BP			y 29, 19	85 Resurred	ction		7   Cli	nton, Mai	ryland	
DHMH - 17	NAME	DIRECTORE Funer	al Home,	Inc.		25e. Dá	UN Z		STRAPES CHARTE	
(VR A15 ME (5)66.	3 01d	Alexander Fer	ry Road,	Clinton, 1	Maryl	and	-11 0	المرابق القرابات		IN-EAST
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

- STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH I. DECEASED NAME 7b. HOUR TYPE OR PRINT DORA ROSSMAN 17. May 1985 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH IF UNDER LYEAR September 10, 1894 Female. White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Russia U. S. A. Prince Georges WIDOWEXX DIVORCED [ IN CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OF Prince Georges General Hospital Cheverly Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. CITY OR TOWN
Maryland Prince Georges Bowie 13e STREET ADDRESS / ZIP CODE Prince Georges 3929 Winchester Lane 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Israel (Unknown Lerner Mary 166 SOCIAL SECURITY NO. 17 INFORMANT 705 Ferncroft Tower 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN 014-38-5033 Bob Rossman Middleton, Massachusetts CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE 101 DUE TO, OR AS A CONSEQUENCE OF CEREBROVASC Canditions, if ony, which gave rise to immediate cause (a), stating the ARTENOSCIEROTIC CARDIOVASCULAR DISAST FOR THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 7 In ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING TO CAUSE OF DEATH P.M 21d INJURY OCCURRED 21f. LOCATION 71e PLACE OF INJURY COUNTY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC ! STREET NOT WHILE [ 22a.1 certify that (1) (this hespital) attended the deceased from saw the deceased alive an may be above, (I) (we) (did) (did nat) view the body ofter death , and that in (my) (eur) apinian death accurred an the date and haur and from the causes stated 226 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN XX DIRECTOR PHYSICIAN May 18, 1985 22e ADDRESS 3231 Superior Lane, # A-6, Bowie, Maryland P Naj TStael of 23a. BURIAL, CREMATION, REMOVAL Tsrael, 06 May 20. 1985 Massachusetts DONALDOMSTOSTEIN HEBREW MEMA 232 CARROLL STREET, N

DHMH - 16 50M 4/83 (VRA 15, 4)

NAMES OF THE PERSON OF THE PARTY OF

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

#### STATE OF MARYLAND ID MENTACHYGIERE F DEATH

FOR STATE REGISTRAR		DEPA	RTMENT OF HEALTH AN CERTIFICATE O
EASED NAME	FIRST	MIDDLE	LAST

REG. NO.

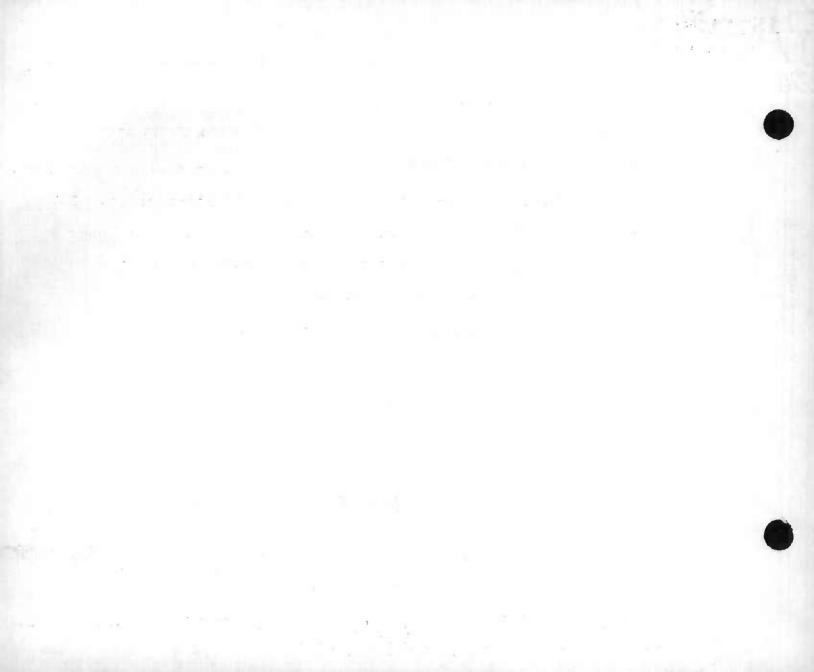
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DHMH - 16 50M 4/83 (VRA 15, 4)

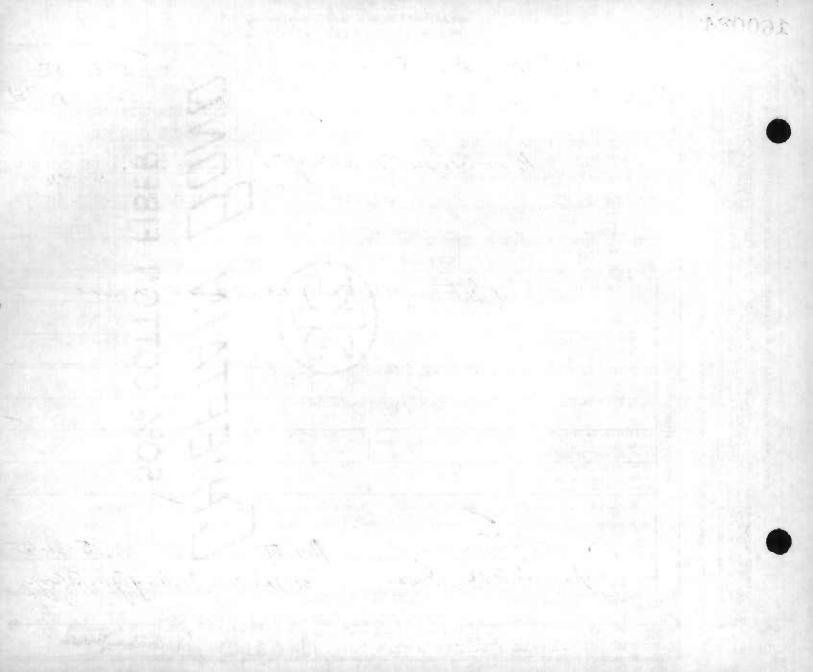
MPORTANT: #

Burial
24. FUNERAL DIRECTOR

Burial 5/28/85 Md.Nat'l Memo 7601 Sandy Spr. Fleck Funeral Home, Inc. Laurel, Md. 2070 Memo. Pk. Spr.Rd. PATE 20707 MAY



169	0024	1-	FOR STATE	AAF		E OF MA IEALTH A	ND MENTAL HY	DEATH	5 3	2 5		
*	RECTOR. R FILES. HOURS		REGISTRAR CEASED NAME FIRST LE OR PRINT)  4. RACE MGLE White	S. DATE OF BIRTH	MIDDLE POUR LAST BIRTHDAY		R 1 YR. JIF UNDER 24	20. DATE OF DEATH HRS. 2c. DATE	NCED	5-30 19	YEAR 2b. HOUR	
•	AN IS NECESSAILY DITHE FUNERAL DII PAGE 5 FOR YOU FILED, WITHIN 72 N. W. WITHIN 72	Wa	IRTHPLACE (STATE OR DECENDENCY COUNTRY) Shington DC ITY OR TOWN OF DEATH CHEVERLY			MARRIED WIDOWED	DIVORCED INSTITUTION 12	PRI	NCE GE	OR IN	OF BUSINESS	
LETIMORE, MD. 2380T	NFTER DEATH FANY TELL VE PAGES 1, 2 AND SHE FORM PM 3, RETAIN F GES LAND 26H CREB-P SION OF THA PECCEDS.	13a S Ma 14. F.	AL RESIDENCE (IF IN NURSING HOME TATE  TYLAND  TYLAND  TYLAND  THER'S NAME FIRST  WILLIAM  VAS DECEASED EVER IN U.S. AI (IF YES, GN  NO	MIDDLE B	1	Lborov 15. Sr No. 17	I. INSIDE CITY LIMITS?   13	e STREET ADDR 207 Har NAME	ESS TY S T	208 rueman Eli		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	D BE EXECUTED WITHIN 24 HOURS FINDING." IN PENCIL IN 11EM 18., MEDICAL EXAMINER ALONG WI AS A BURIAL - TRANSIT PERMIT. P ALTH AND MENTAL HYGIENE, DI CREMATION, OR REMOVAL.	NO	18. CAUSE OF DEATH (Enter only one couse per lighter (a), lib), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate cause (a) stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)									
DIVISION OF VITAL RE	THIS CERTIFICATE SHOULD WRITING THE WORD. "FE WARDED TO THE CHIEF W PAGE 3 SHOULD BE USED A TATE DEPARTMENT OF HEAD TO THE WARDED TH	MEDICAL CERTIFICATION	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME O HOUR A./ DEATH P.A	A. MONTH DAY YEAR		INJURY OCCURRED 1	ENTER NATURE OF IN		20 AUT: YES 1 OR PART 2)		
•	TO MEDICAL EXAMINER: EXCUTE THE CERTIFICATE PAGE 4 SHOULD BE FORE TO FUNERAL DIRECTOR: AFIER DEATH, WITH THE S BALTIMORE, MARYLAND,	73a.B	ACTUAL SIGNATURE XCLQUIS OF THE STANDARD OF TH	To P. R.	Accident , Suice	M.D.	Defuty Dressory Roy	Undetermined m  MEDICAL EXAM  MEDICAL EXAM	anner .	DATE SIGNED	31-85 Geg gos	
07/84 25M	BP DHMH - 17 (VR A15 ME (5))	Bu 24 F	rial uneral director cobert E Wilh	3June85	Ft Linco	oln C	emetery	Brentw		PG AR'S SIGNATURE	MD STATE	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

5

-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND M CERTIFICATE OF DE		REG. NO.	3 2 6
-	1. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	
1	(TYPE OR PRINT) BESSIE	L.	ROYSTON		5 -	17-85 2-20
	3. SEX	4 RACE	S. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	MONTH DAY	YEAR	01	MONTHS DAYS HOURS MIN.
4	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	08 30	00	9 BALTIMORE CITY OR COL	(RS
d	COUNTRY)	76. CHIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	ARRIED -	BALTIMORE CITY OR COL	JNIT OF BEATH
	VIRGINIA	USA		DRCED 🗋	Prince Geo	
2	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		NOITU	12a USUAL OCCUPATION  1TYPE OF WORK FOR MOST OF WORK	17b. KIND OF BUSINESS OR
2	Riverdale	Leland Memoria			SALES CLERI	
7	USUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	VILLALITED	13e STREET ADDRESS / ZIP	
2		G. Hvattsv		10	620 Sheridan	
	IN FATHER'S NAME		15. MOTHER'S /			SL. #309 70783
9	FIRST	MIDDLE LAST	Fil	211075	MIDDLE	LAST
4	ROBERT 160 WAS DECEASED EVER IN U.S. A	E. LEAKE RMED FORCES? 166 SOCIAL SECI	URITY NO. 17 INFORMAN	SUSTE	ANNA ADDRESS O	FRA71ER
	(YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)		NIEC	E 109	RIVER FOREST LANE
	NO	577-07-	1573 JOAN	S. NI	TROS FT. WAS	SHINGTON MD. 20144
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	only one couse per line for (a), (b), or	nd (c).1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		TE CAUSE (0) STAPH	TLOCOCEAL	ZEP	TICEMIA.	
1		DUE TO, OR AS A CONSEOU	IENCE OF			
	Conditions, if ony, which		TERIAL &	CW.	CARDITIS	٠. د
	gove rise to immediate couse (a), stating the	2005 10 00 15 1 5005500	IT LICE OF		The State of the State	
	underlying cause lost.	DUE TO, OR AS A CONSEOU	JENCE OF			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED T	O THE TERM	IN ALDICE ACE OF CONDITION	ALCINENI INI DART 1
ı		ERE B RAL	EMBOL		NAL DISEASE OR CONDITION	N GIVEN IN PART 116
	190 DATE OF OPERATION  190 DATE OF OPERATION  A A A A A A A A A A A A A A A A A A A	196 CONDITION FOR WHICH			20g AUTOPSY? 20b	IF YES, WERE FINDINGS USED
	E NAA	The Condition Tok Which	TOTERATION WAS TENION	AILD	INC	ERTIFYING CAUSES OF DEATH?
	710 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	In nowate	IBV OCCUE	YES NO	YES NO
,	OR CONTRIBUTION CALLES OF OF		DAY YEAR	JRY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		19			
1	21d. INJURY OCCURRED	21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE	FARM ETC ) 211 LOCATION	1	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK					
		oital) attended the deceased from.	5-7	19 85	10 5-17	, 19 S, that (I) (we) Tost
	sow the deceased alive or	ot) view the body ofter death.	and that in (my) (e	<del>or)</del> opinion o	death accurred on the date on	d hour and from the couses stated
	226. SIGNAPURE	DIT VIEW THE BODY OTHER GEOTIL.	DEGREE			22c. DATE SIGNED
	Komen	ww_	MD AT	TENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	5/17/85
-	22d. PHYSTCIAN'S NAME (TYPE	OR PRINT)	27e ADDRESS			
	K. SOSEC	H MATHE		1CEU	RIVERDAY AV	E mx 20737
4	- 1 ''	17				CE,
	23a BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c	NAME OF CEMETERY OR CR	EMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	BURTAL	5/21/85	FT. LINCOLN C			PRI GEO MD.
	24 FUNERAL DIRECTOR FRAN	CIS I. COLLINS		25a. DATE	REC'D BY REGISTRAR 256. DE	GISTRAR'S SIGNATURE

20901

500 UNIV. BLVD. W., STIVER SPRING, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Las Cari Sam

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

5 3 2 /

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
1 DECEASED NAME	FIRST		MIDDLE	The state of the s	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
( Con Parist)	Eilee	n	E.	S	chmelzer	May 23,	1985		5:04P.M
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	
Female		. Whi	te	03	16 1908	77	YRS	MONTHS	MOURS MIN.
TO BIRTHPLACE (STA	TE OR FOREIGN	16 CITIZEN OF	WHAT COU	INTRY? 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
Scotland		U.S.A	A.	WIDOWE		Prince Geo	rge's	County	V MD
10 CITY OR TOWN O	F DE ATH			NURSING HOME (	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ON	126. KIND	OF BUSINESS OR
Riverdal	e			ial Hosp	ital	Housewife	IL MORKING [II		Home
JOUAL RESIDENCE II	F NURSING HOME OF		130 CITY O		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 71B CODE		
Maryland		.G.		tsville	YES X NO	5805 42nd			414 2078
4. FATHER'S NAME		MIDDLE		AS1	15. MOTHER'S MAIDEN NAM	ΛE			13411
Joseph		MIDDLE	Woo		Elizabet	h		Hea	ast anv
160 WAS DECEASED			166. SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE	SS		
No No	(IF YES GIV	VE WAR OR DATES)	120-	03-9418	Ludwig L. Sc	hmelzer (H	usband	l) Sam	ne as 13e
18 CAUSE OF	DEATH (Enter or	nly one couse per	line for (o),	(b), and ic)				APPRO	XIMATE INTERVAL NONSET AND DEATH
PART I. DE A	TH WAS CAUSE	D BY: TE CAUSE (0)	COR	DIE RE	SPIRATORY	ARREST			CHISCIPANO
PART 2 OTHER 190 DATE OF O	SIGNIFICANT	CONDITIONS CO	ONTRIBUTION	LLITH	NOT RELATED TO THE TERMINALS . & RYE O	INAL DISEASE OR CON  MM ATOLD  1200 AUTOPSY?	ART	H RITI	US USED
TIFIC	THE WILL					YES NO	IN CERTIF	YING CAUSE	S OF DEATH?
OR CONTRACTOR	AS UNDERLYING C CAUSE OF DEAY Y MEDICAL EXAMINER	ATH HOUR A.	M. MONT	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)	
UF EITHER NOTIF	CURRED	21e PLACE		OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		ital) attended th			. 19.85	toS - 2		1985	, that (I) (we) lost
		5 2 -	alter death		nd that in (my) (and opinion d	leoth occurred on the de	ote and hou		
226. SIGNATUR	Car	rito	len	_ n		MEDICAL STAI	F IAN 🗌	3 P	23 22
K.5	SHAME PHIC	MA	THEI			ralu w	14,	Sirang	3737
230 BURIAL, CREMAT					EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	rial	5/28/	85	Fort Lin	coln Cemetery	Brentwood	1		Maryland
24 FUNERAL DIRECTO			AD	DRESS		REC'D. BY REGISTRAR			
F. Gasch!	s Sons 1	F.H. P.A	. Hya	ttsville.	Maryland MA	AY 2.8 1985	الما	www.door	- Handell

MAY 28 1985

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical building the state of the outenance corbon paper the state Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician

IMPORTANT: If Item 21 is morked or Item 18 shows ony

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Should be a first thousand mentaged the first the first

Tr. Smacht a Sone P. L. L. Myntlaville, Maryland Soll D. R. U.S.

# completely filled in by the funeral direct PRESTON ST., BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 201 W. TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the buriol-transit permit, with the State Dept. of Health and Mental Hygiene prior MPORANT. If them 21 is marked or item 18 shows any in

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moy be

- STATE

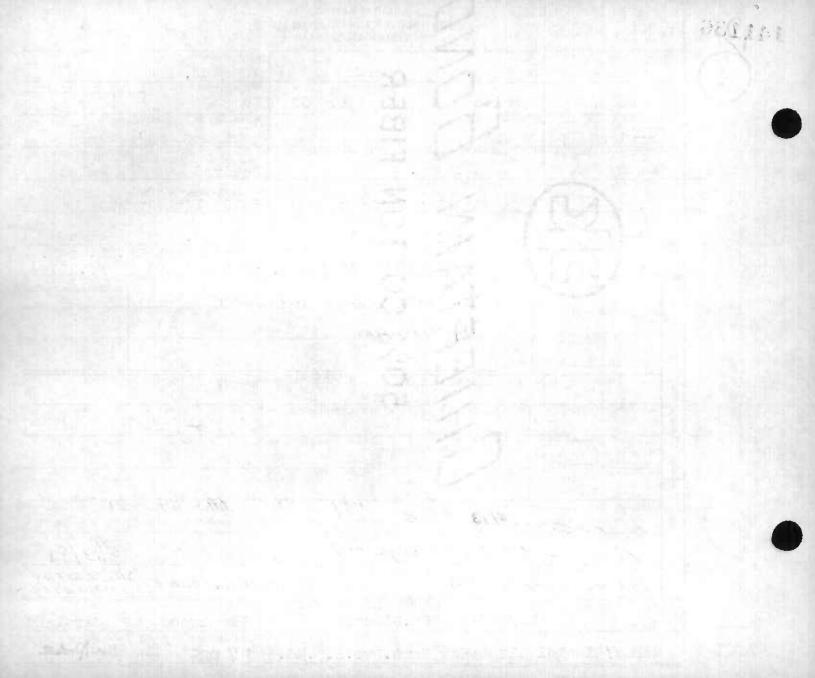
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HEGIENES
CERTIFICATE OF DEATH

15328

ч		REGISTRAR				CERTIN	ICAIL OF L	EATH	RE	G. NO.			
		CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEA	ТН момтн	DAY YEAR	2b. HOUR	
	(TYPE	OR PRINT)	Oreg		V.	Sc	hulze			13, 1985		7AM	М
	3 SEX	(		4 RACE		5. DATE C		YEAD	& AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS DAYS		MIN.
		Female		Whit	e	8 WONTE	AAY	95	89	YRS.	JAC S	HOOKS	MUIN.
-	Ja BII	RTHPLACE (STATE OR FO	PREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER A	AARRIED T	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH		
2	N	Maryland		USA		WIDOWE	DE DI	VORCED		George			MD.
		TY OR TOWN OF DEAT		(IF NOT IN SUI	CH FACILITY, GIVE	URSING HOME C	OR OTHER INST	NOITUTION	12a USUAL OCCL			OF BUSINESS	5 OR
		Langley Par		8413	14th	Ave.			Retire	d	Sa	les	
5	13a. S	AL RESIDENCE (IF NURSINGTATE	13b. COUN		13t. CITY OR		13d. INSIDE C	ITY LIMITS?	13e.STREET ADDR	ESS / ZIP COD	E	2078	2
1	_	Md.	PG		Langl	ey Par		NO 🗌		14th A	venue		_
	2.03	THER'S NAME FIRST		MIDDLE	LAS		15. MOTHER'S	MAIDEN NA	ME MIDI	DIE	LA	ST	
2		Andrew	HEL		Bail		Alice			М	Owe		
		VAS DECEASED EVER IN		MED FORCES? E WAR OR DATES)	166 SOCIAL	SECURITY NO.			9 Arrow		Dr.Ft.	Wash.	•
	1	None			577 2	6 7563	Willi	am F.	Schulze	(Son)		1.2074	
		18 CAUSE OF DEATH PART I. DEATH WA	I Enter on	y one couse pe	r line for (a), (	b), and (c)	Est of the		-		BETWEEN	ONSET AND DE	ATH
				E CAUSE (a)	CERE	BROVAS	CULAR	ACCI	DENT			1.84	
	1			DUE TO C	R AS A CONS	SEQUENCE OF							
		Conditions, if ony,	which	(b)_	1.1	ertensi	n						
	13	gave rise to imme		DUETO	PAS A CONS	SEQUENCE OF		35.110%				Ellos	
		underlying couse	lost	(c)	M AS A COM	SEGOENCE OF					1 500		
		PART 2. OTHER SIGNI	IFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION GIV	VEN IN PART 1	o	
	CERTIFICATION												
2	CAT	190 DATE OF OPERATION	ON	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		S, WERE FIND		
	TIE								YES NO		FYING CAUSES	NO [	,
3	CER	210. ACCIDENT WAS UNDE		216. TIME C		DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE O	F INJURY IN ITEM 18	PART   OR PART 2)		
	AL	OR CONTRIBUTING CA		1111	.M. MONTE	DAT TEAK							
	MEDICAL	21d INJURY OCCURRE		21e. PLACE	OF INJURY		211 LOCATIO	N	CATA	ORTOWN	COUNTY	STA*	
	¥	WHILE AT WORK AT WORK	E	(AT HOME, ST	REET, FACTORY, O	FFICE, FARM ETC )	STREET		CITY	OKTOWN	COUNT	51A	1E
		22a.1 certify that (I) (I		at ottended t	ne deceased f	rom	MAY	19.80	to ATR.	12 29	19 87	that (1) (we	Tost
Я		saw the deceased above, (1) (2016)	d olive on	5/	/3	19_83_ or	nd that in (my)	(gur) opinion o	death accurred on t	the date and had	or and from the	couses state	d
1		22b. SIGNATURE	المنطقة المنطقة	/ view the body	offer death.		DEGREE				22c DAJE	SIGNED	
	24	Here	-	tren	- /h	energy	ALD A	TTENDING PHYSICIAN	MEDICAL DIRECTOR DE	STAFF	5/1:	3/81	
		22d. AUYSICIAN'S NAM					22e ADDRES	S			54.400	00011	1/
		JERUME	SCI	4NAPP.	WI)		11/6/	NEW HA	MISHING	Avenve	SILVER MD.	2090	
	23a. B	URIAL, CREMATION, R	EMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION				
	(:	Burial		5/16	/85	Ft.Lin	coln		Brent	-	PG Ma	aryla	nd
		INERAL DIRECTOR					- 4.4	250 DATE	E REC'D. BY REGIST				
		Hines/Rin	nald	i 1180	0 New	Hamp.A	ve.S.	S.Md!	Y 1 7 199	5 White	Davidson-	Mandell	-

DHMH - 16 60M 7/B4 (VRA 15, 4)



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AND THE STATE OF STAT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAS HYGISNE - STATE 157118 CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH 1. DECEASED NAME TYPE OR PRINTS Virginia Louise Scott May 24, 1985 4. RACE 3. SEX 5 DATE OF BIRTH HOURS 1922 Female Caucasian 18 62 70. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Prince George's I11. DIVORCED K WIDOWED. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Greater Laurel Beltsville Hospital Housewife Laurel USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

134. COLINITY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 13e.STREET ADDRESS / ZIP CODE 20707 13d INSIDE CITY LIMITS? Md. P.G. Laure1 118 Washington St. #8 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST o de Ernest Bell Love Eliza Fish Mae ADDRE 9981 6n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Good Luck Rd 322-16-2094 Edward Scott Seabrook, Md. no 20704 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ple PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Then To bi CERTIFICATION 20n AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NOF NO [ YES T iol-tronsit 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR Mental | OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 211 LOCATION 714 INJURY OCCURRED ò CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM ETC ) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from. ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an 27h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto 224 PHYSICIAN'S NAME (TYPE OR PPINT) 7676 New Hampshire AVe. #410 K. Sudhakar, Langley Park, Md. 20783 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 5/26/85 Laurel Cremation Balto Wash. Cremator 7601 Sandy Spr Rd. Md. DHMH - 16 50M 4/83 Fleck Funeral Home, Inc. Laurel, Md. 2070MA (VRA 15, 4)

THE THE PARTY NAMED IN COLUMN TO SERVED OF SER

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 158100 REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) William Frederick Search DEATH MATED AGE (IN YEARS | IF UNDER ) YR. 4 RACE IF LINDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED Nov. 23, 1937 DEAD Male White 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TA BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's County DIVORCED Ohio ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Riverdale 6014 - 674 Place Mechanic Furnance ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Cleaning 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince George's Riverdale 6014 - 67h Place 20737 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST William Rohene Reed Search 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Same as No# 13e. 281-32-2718 Peacetime Mrs. Jean Search Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carcinoma of the tongue with metastases. ll mos. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO TV None 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (ATHOME. II LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinion Natural causes Homicide Undetermined monner EXECUTE:
PAGE 4 SHOULE
TO FUNERAL DIRE TITLE (SPECIFY) 5/28/85 Deputy MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Maryland May 31,1985 Md. Vet. Cemetery Cheltenham P.G. Burial 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Gasch's Sons F.H. P.A. Hyattsville, Maryland Peria Davidson Bandale (VR A15 ME (5))

STATE OF MARYLAND

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I Frince Decemble Commercial

Sommer Charles

GOLD - 679 Place DOVER

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in	1.	FOR STATE			DEPARTMENT OF		11 -1		3 3	2
		REGISTRAR		ME	DICAL EXAMIN	NER'S CERTIFIC	CATE OF D	EATH REG	. NO.	
		CEASED NAM	E FIRST		MIDDLE	LAST		20. DATE KNOWN OF ESTI-	HTMOM X	DAY YEAR 26. HOUR
			ATVA		LOUISE	SHAN	MLA	OF ESTI- DEATH MATED	5 16	19 85 M
	3. SEX		4 RACE	5 DATE OF BIRTH	6. AGE (IN Y	EARS IF UNDER 1 YR.	IF UNDER 24 H		MONTH	DAY YEAR 24 HOUR
		Female	White	Nov. 18.		YRS. MONTHS DAYS	HOURS MIN	DEAD	5 16	6 85 85 8
	70. B	RTHPLACE (5	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED DE NE	VER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH
		ryland		U.S.	A.	WIDOWED [	DIVORCED	Prince (	George's	MD
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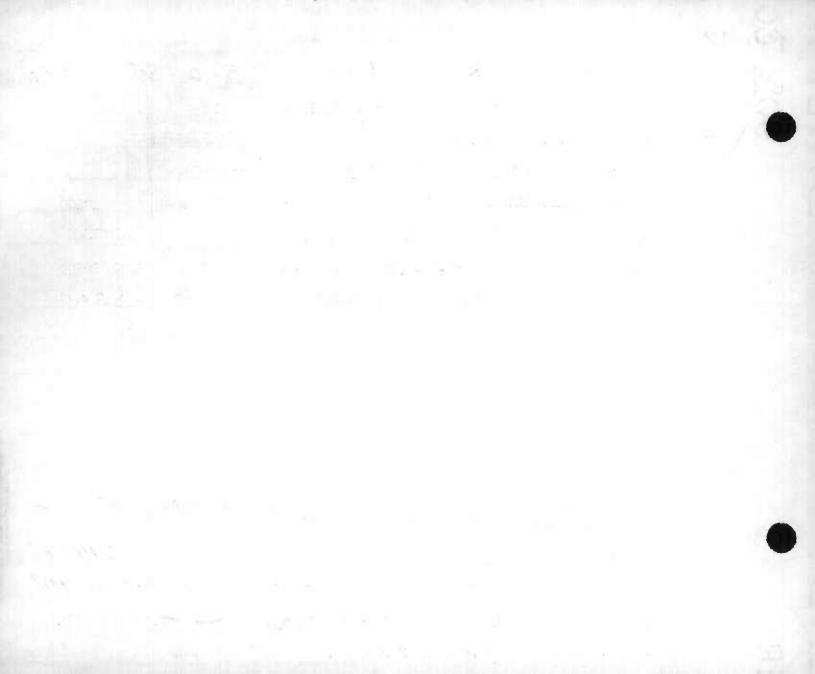
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL & GIEND CERTIFICATE OF DEATH

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	CEASED NAME OR PRINT)	VIOLA		K.		1AW		20. DATE OF	DEATH	MONTH -	5 DAY	DAY YEAR 26 HOUR		
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DHMH - 16 50M 4/83

(VRA 15, 4)

EDWARD N. BRINSFIELD, JR., LÉONARDTOWN, MD.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 134521 - STATE REGISTRAR REG. NO I. DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-Luther Robert Shepherd 19 85 DEATH MATED 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE PRONOUNCED 59 DEAD Male White Jan. 29, 1926 19 85 Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's County WASH. DIVORCED II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Doctor's Hospital of P.G. County Lanham COMPUTER OPERATOR 13d. INSIDE CITY LIMITS? Lige STREET ADDRESS Prince George's Maryland Greenbelt 124 West Way 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ROBER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Acute myocardial disease IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) generalized arteriosclerosis. gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) Diabetes mellitus 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] None NO X 718 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH P.M. 21L LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALLLANORE, MARYLAND, ST Inspection X 220 I certify that I taak charge of the remains described above, held an Autopsy and in my apinion Inquiry Natural causes X Homicide . Undetermined manner deoth resulted fram: Accident Suicide L TITLE (SPECIFY) DATE 5/1/85 Deputy 1919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery, Md. ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236, DATE NATIONAL AUREL BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** FLECK F.H (VR A15 ME (5) 20M 4/B2

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۵	E. WRITING THE WOR RWARDED TO THE CH PAGE 3 SHOULD BE US STATE DEPARTMENT 2 21201 PRIOR TO BUT		AT WORK AT V	WORK		t t						
	D, 2		220. I certify that	I took charge of	f the remains de	escribed obove, held on	Autop:	y Inspec	tion Ir	quiry , on	nd in my opinion	
	EXAMINER: CERTIFICATE DULD BE FOR L DIRECTOR: 1, WITH THE S MARYLAND,		death resulted from		ouses D		vicide	. Homicide	1	ned monner .	o many opinion	
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	TO MEDICAL EXECUTE THE CPAGE 4 SHOUT TO FUNERAL AFTER DEATH, BALTMORE, M		(TYPE OR PRINT)	John	y 3.	1006KS	7	ADDRESS_/7/	7 DONING		D SIWERS	HUNG MI)
	RATEGA	23a.B	URIAL, CREMATION,	REMOVAL 736.	DATE	73c. NAME OF CE	METERY O	RCREMATORY	73d. LOCAT	ION	COUNTY	STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN X MONTH 20 DATE (TYPE OR PRINT) ESTI-DEATH MATED Elaine Laura Smith 19 85 B. GIVE PAGES I, 2, AND 3 TO THE FUNERAL DIRECTOR WITH FORM, PM. 3. RETAIN PAGE 5 FOR YOUR FILES. PAGES 1 AND 2 SPOULD BE FILED. WITHIN 22 HOURS, DIVISION OF VIXAL RECORDS, 201 W. PRESTON STREET DIVISION OF VIXAL RECORDS, 201 W. PRESTON STREET. 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 10:2] LAST BIRTHDAY PRONOUNCED Female Cauc. 2 29 56 29 DEAD YRS 1985 O BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Washington. D.C. USA WIDOWED DIVORCED Prince George's County M CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Secretary Clerical Prince George's General Hospital Cheverly JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 414 St. Margaret Dr. 20743 136 COUNTY 30 STATE 13d. INSIDE CITY LIMITS? Pr. George Seat Pleasant Maryland YES X NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Eugene Smith Himkle Mary 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS 578-80-6247 Eugene Smith same as item 13 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot Wound of Neck IMMEDIATE CAUSE (a)\_\_\_\_ DUF TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ICATE, WRITING THE WORD "PEI FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HEAD & 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR ANY MONTH DAY YEAR UNDERLYING YOR CONTRIBUTING CAUSE OF DEATH 3 . 45P.M. 5/ 1/1985 self inflicted wound 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3. AFTER DATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) WHILE AT WORK 414 St. Margaret Dr., Seat home Pleasnt 220. I certify that I took charge of the remHEAD ib&d aNEOKId an Autopsy X Inspection Inquiry Suicide X Hamicide Undetermined manner Natural couses TITLE (SPECIFY ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNED\_5/2/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 236. DATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 5/4/85 Burial Charles Memorial Garden Leonardtown St. Mary Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md. Sotia Davidson Banda (VR A15 ME (5))

STATE OF MARYLAND

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BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" RED TO THE CHIEF MEDIOAL ER 3 SHOULD BE USED AS A BUI F DEPARTAMENT OF HEALTH AN	MEDICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.M.	MONTH DAY YEAR	HOW INJURY OCCURRED	) (ENTER NATURE OF INJURY IN	NITEM IS PART 1 OR PART 2)	10 1 10 1
DIVIS THIS CER WARDED WARDED PAGE 3 S STATE DEF		WHILE NOT WHILE AT WORK	STREET, FACTOR	r. FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SI BATTMORE MARVIAND.	730.8	ACTUAL SIGNATURE EXAMINER SINAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 12	to P. Rodri	ed obove, held on Au udent , Suicide  Z, M.D.  13c, NAME OF CEMETER	TITLE (SPECIFY)  M.D. Deput ADDRESS 5009 R	Undetermined monner	DATE SIGNED	5-22.85
07/84 BP 25M DHMH - 17 (VR A15 ME (5)	24. F	remation UNERAL DIRECTOR	(had 31600				Fairfax,	

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# FOR

Samuel

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

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Soper

REGISTRAR				CERTIFICATE OF	DEATH	REG.	NO.				
I. DECEASED NAME	FIRST		MIDDLE	LAST	LAST		нтиом	DAY	YEAR	26. HOU	JR D
(TYPE OR PRINT)	Rando	lph	Thomas	Soper			May 2	7 1	985	12:	15 4
3. SEX		4 RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
Male	e	Whit	e	August 1	1916	5	68 <sub>YRS</sub>	MONTHS	DAYS	HOURS	MIN.
7a BIRTHPLACE (STA	ATE OR FOREIGN	75 CITIZEN OF	WHAT COUNTRY?	8. MARRIED X NEVES	MARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
Marylan	d	Unite	d States	WIDOWED [	ONORCED [	Prince	Georg	res			MD
IS CITY OF TOWN O	EDEATH	11 NIAME OF	HOCDITAL MILIOCIN	C HOME OR OTHER IN	CTITUTION	12. LISTIAL OCCUPA	TION	124	KINDO	E DI ICINIE	00 222

	Suitland	(IF NOT IN SUC	HOSPITAL, NURSING HOME HACILITY, GIVE STREET ADDRESS)		Truck		industry Arunde	
	USUAL RESIDENCE (IF NURSIN 130. STATE	G HOME OR OTHER INSTITUTION  3b. COUNTY	13c. CITY OR TOWN	134. INSIDE CITY LIMITS?		DDRESS / ZIP CODE		
1	Maryland	Pr George	Suitland	YES NO	5306	Woodacre	Drive	20746
7	14 FATHER'S NAME			15 MOTHER'S MAIDEN NA	AME			

Eva

		IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17 INFORMANT			ADDR	ESS			
,	No	The test of the te	218-05-9755	Elsie	М.	Soper		Same	as	#13	
	18 CAUSE OF DEATH PART I. DEATH W		Jine for (a), (b), and (c).)  Change Cell  RAS A CONSEQUENCE OF	lung Co	QhU	u, Stage	74			PPROXIMATE INTE	
	Conditions, if ony, gove rise to imm couse (a), stating	nediate DUETO, O	r as a consequence of								

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

20n ALITOPSY? 1706 IF YES, WERE FINDINGS USED LIST CONDITION FOR WHICH OPERATION WAS PERFORMED

THE DATE OF OFERATION	The Condition for which	OFERATION	T TASTERI ORNED	IN CERTIFYING CAUSES OF DEATH?			
				YES 🗌	NOLY	YES 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER N	ATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
(IF EITHER, NOTIFY MEDIC AL EXAMINER)	P.M.	19					

214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC I NOT WHILE

22a I certify that (1) (this hospital) attended the and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

above. (f) (we),(did) 776 SIGNATURE DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF

22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE (SPECIFY) 30May85 Burial

Soper

CITY OF TOWN Cedar Hill Cemetery

Md

STATE

STATE

E Wilhelm Funeral

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT

ADDRESS Suitland, Md Home

COUNTY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

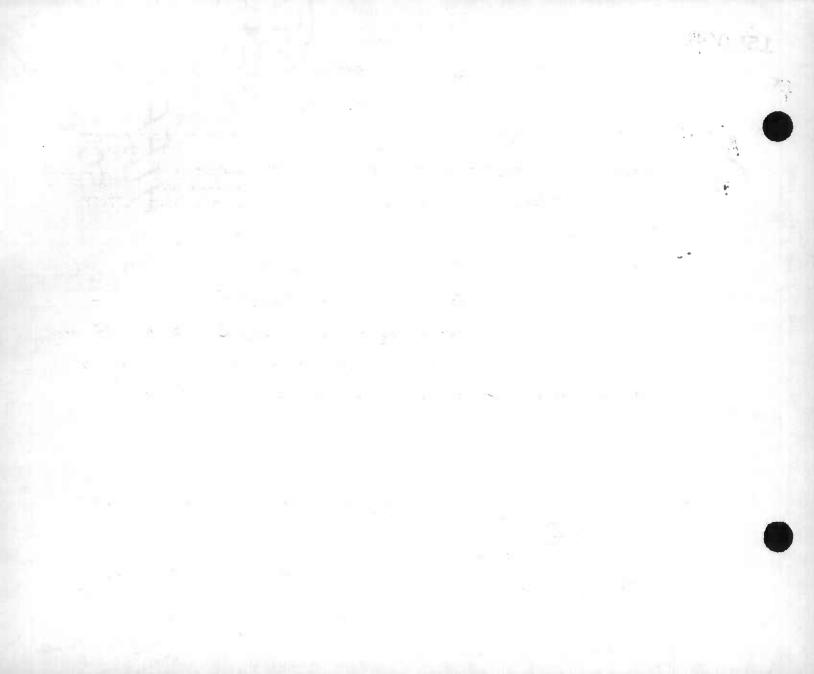
BP.

# STATE OF MARYLAND

Carl	

	REGISTRAR				CEKIII	ICATE OF DEATH	REG.	NO.		
	ECEASED NAME PE OR PRINT)	FIRST		VELL	l	SPECHT	2a. DATE OF DEATH	MONTH D		26. HOUR
				ELL						11:30P <sub>M</sub>
3. SE	¤ Male		White		5. DATE C	ov. 23,1899	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	HOURS MIN.
7a. B	SIRTHPLACE (STATE OR FO	OREIGN I	b. CITIZEN OF	WHAT COUNTRY?			9. BALTIMORE CITY		OF DEATH	
1	Maryland		USA		WIDOWE	DE NEVER MARRIED DIVORCED	PRINCE G	EORGES (	COUNTY	M
	LAUREL	тн	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION SVILLE HOSPITA	120. USUAL OCCUPA (TYPE OF WORK FOR MOS L AUGLO-V	STOF WORKING LIFE	U S	f business or Govt
13a.	JAL RESIDENCE (IF NURSI STATE Md	136 COUN Prin	other institution, ty ICE GEOM	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN 9es Lau	rel	13d. INSIDE CITY LIMITS?	te chnic 30 street Abbres 600 4th	ian Syzip code Street	20707	
	ATHER'S NAME		NDD1E .	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST	
	Isaac Jac	Lob	Specht			Viola Ce	leste	Waske	y	
16a '	WAS DECEASED EVER I		MED FORCES? WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	DRESS		
	yes no or unknown)	ww 1	WAR OR DATES)	577 10 19	932	Agnes M. Spe	echt same o	is above	e	
	IB CAUSE OF DEATH			line for (o), (b), one	f (c).)				APPROXIA BETWEEN O	MATE INTERVAL DNSET AND DEATH
	PART I. DE ATH WA		) BY: E CAUSE (0)	CARDIOP	ULMO	NARY ARR	ESI			
NOI	Conditions, if ony, gove rise to imm couse (a), stoting underlying couse  PART 2 OTHER SIGN  Wrei	ediate g the lost.	(c)	RASA CONSEQUE	NCE OF	SHOCK -	URINARY TR	HOCK.		,
CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES (	
MEDICAL CERT	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEAL	In I	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR		<u> </u>		
MED	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗍	21e PLACE	OF INJURY REET_FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
	22a. certify that (I) sow the decease above, (I) (we) (I) 22b SIGNATUR	d olimon.	ol) attended the	2/19		nd that in (my) (our) opinion of DEGREE	, to on the	dote and hour	ond from the c	
	10	ma	lease	1		ATTENDING PHYSICIAN	DIRECTOR PHY			
	TARIQ		AHME				206 14 AUREL	1201 L MD :	10708	PR
	BURIAL CREMATION, P	REMOVAL	May 2			EMETERY OR CREMATORY Lincoln Cemete	ry Brenti	vood, Ma	vryland	STATE
	Donaldson F	unera	l Home,	Laurer,	Md	es Usari	E RECES BY JESS TR.	AR 258 REGISTA	MAR'S SIGNATI	andell.

DHMH - 16 50M 4/83 (VRA 15, 4)



# STATE OF MARYLAND

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136051	1.	FOR STATE	DEPARTA	NENT OF HEALTH AND MENTAL HYS	GENE GRAN	0 4 4	
TOOOT		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
( )		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. I	HOUR
4 12	11116	ELLA	M. SPE	NCE	05 06	85 1	10P M
	3. SE)		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		NDER 24 HRS
rs ecto		Female	Black	May 27, 1934	50 YRS.	MONTHS DAYS HOL	JRS MIN.
Poor Poor	7a. BII	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
leoth in 72		shington, D.	C. USA	WIDOWED TO DIVORCED	PRINCE GEORGES	COUNTY	MD.
s ofter d by the fu iled with	10. CI	CHEVERLY	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET A PRINCE GEORGES	G HOME OR OTHER INSTITUTION  LODRESS)  GENERAL HOSPITAL	17d USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF	17b. KIND OF BU INDUSTRY	SINESSOR
hour din	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CODE	201	43
filled hould		Maryland P.	G. Chapel	Oaks YES X NO 1	5116 Duel St		
etely 3.2 sh	14 FA	THER'S NAME FIRST	MIDDLE	IS MOTHER'S MAIDEN NA	ME	LAST	
omple of the or	J	oseph	Harriso		9	Jone	25
nd co		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	ivordale	Dond
be exe	n		577 48	7838 Riverdale	ranklin-6833 R Maryland Apt	#A-201	: Koad
hysicie soper ovol.		IB CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSED	ly one couse per line for 101, (b), and	4:		APPROXIMATE BETWEEN ONSET	AND DEATH
g ph on p	ÇUI	IMMEDIAT		ic Chollpwi	Q		
th ce corb , or r			DUE TO, OR AS A CONSEQUE	NCE OF	0+ 1 do		
deo otte otte otion		Conditions, if ony, which	( 16) gallane	ed Openary	astery dist	202e	
s that the td by the slease rem		couse IoI, stoting the underlying couse lost	DUE TO, OR AS A DONSE OF	else Mellit	us		
requires en signec r. Then plu our to burra	NOI	PART 2 OTHER SIGNIFICANT C	nu Klual	EATH BUZ OF RELIDED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN PARI II	
hos be permit	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS FYING CAUSES OF I S \N	USED DEATH?
JAN: The physicic physical physicic physic physicic physicic physicic physicic physicic physicic physi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	I company a secondaria man	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2}	
SICIA ng pl certif riol-t entol	CAL	I F EITHER NOTIFY MEDICAL EXAMINER	un .	19			
offendir offendir offendir offendir offendir offendir offendir offendir	MEDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	12 H. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
A At Se o eolth			all ottended the deceased from_	4. 14 19 85		19.85 , that	(I) (we) lost
ATTER ospito ECTOR d for d for m 21 i		sow the deceased alive on above, (1) we) (did) (did not	view the body ofter death.	ond that in (my) (our) opinion	death occurred on the date and hou	ond from the couse	es stoted
OK DOIN		226 SIGNATURE	igh. MOI	DEGRIE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5/8/	85
TO HOSPITAL retained by the TO FUNERAL should be der with the State MPORTANT:		224 PHYSICIAN'S NAME (TYPE OF	RISHPALS	22e ADDRESS	TH PL. CAMP SPRIN	NGS, MD.	
sho sho	23n R	URIAL, CREMATION_REMOVAL	236 DATE 236 N	AME OF CEMETERY OR CREMATORY	73d, LOCATION		
BP	1	Buria!		Harmony Memori	CITY OR TOWN	ver.Marv	rland
DHMH - 16 60M 7/84		NERAL DIRECTOR Solly	1 Stower	A TIL 250 DAT	E REC'D BY REGISTRAR 25HIPREGIST		della
(VRA 15, 4)	26	ewart Fineral	Home-4001 Be	nning Road, N. J.	11 1 4 1300 1/		

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144120	1 -	FOR STATE REGISTRAR			ARTMENT OF	E OF MARYLA IEALTH AND M ICATE OF DI	ENTAL HYGIEN	REG. NO.					
oy be og be death	(TYPE	CEASED NAME FIRST OR PRINT) MARGARA		AIDDLE	SPIC	ER		MAY II,	1985	26 HOUR 5.50PM			
peector, p	3 SE	FEMACE	4 RACE	HITE	S DATE O		06	GE (IN YEARS LAST BIRTHDAY) 79 YRS.	MONTHS DAYS	HOURS MIN.			
death. Po	7i	RTHPLACE ISTATE OR FOREIGN OUNTRY)  Ginia	76 CITIZEN C	ISA	MARRIE	D NEVER M	ORCED	PRINCE	GEOR	50 MD.			
by the filled with	4/	ATTSULLE	MADI	SON /1	URSING HOME (	NUISIN	//	USUAL OCCUPATION PE OF WORK FOR MOST OF WORKING HOUSEWIFE	176. KIND OF INDUSTRY	BUSINESS OR			
filled in rough be	13a.		PG	113c CITY OR	TOWN .Hgts.		NO 🗆 1	STREET ADDRESS 914 Rochell	e Ave	47			
MARY red.	/	ATHER'S NAME FIRST  PNY	Lee	Marce		Agne:	MAIDEN NAME IRST S	AMIDDLE	Marc	cey			
IIMORE,	160 \	VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES (E WAR OR DATES)		SECURITY NO. 9-1453	Frank	Spicer	ADDRESS same a	s #13				
st., BAL		18 CAUSE OF DEATH (Enter to PART I, DEATH WAS CAUSI IMMEDIA	nly one couse p ED BY: .TE CAUSE (o).	Card		lmor	nary A	rrest	APPROXIM BETWEEN O	MATE INTERVAL NSET AND DEATH			
PRESTON :		Conditions, if any, which gave rise to immediate cause (a), stating the	) (b)	Ceret	ral Vi	ascula	ar a	ccident					
DS, 301 W quires that signed by then hen please to bural, cr	Z	underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c)	ran	Kin.	NOT RELATED T	TO THE TERMINAL	Secuse  LDISEASE OR CONDITION G  LSO TC He		Stone			
law re-	CERTIFICATION	190. DATE OF OPERATION	196 CON	DITION FOR W	HICH OPERATIO		MED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDING IFYING CAUSES OF	GS USED			
DIVISION OF VITAL  NG PHYSICIAN: The ottending physician that this certificate has the buriol-transit pit and Mental Hygien or Medical Hygien orked ar Item 18 show	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR	P.M.	DAY YEAR	Fal		(ENTER NATURE OF INJURY IN ITEM 18	, PART † OR PART 2)				
DIVISIO DIVISIO or othenda After this e as the bu ofth and M marked ar	MED	WHILE NOT WHILE AT WORK AT WORK		E OF INJURY STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION	N	CITY OR TOWN	COUNTY	STATE			
ATTENI Spital CTOR: for us of Hee		220.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no	_ 5 -	- 11	~? —	and that in (my) (a	, 19 <u>83</u> , our) opinion deatl	to 5 - 11 h occurred on the date and ha		not (I) (we) lost ouses stated			
0 0 0 0 0			rord					EDICAL STAFF RECTOR   PHYSICIAN	5/1	IGNED //85			
TO HOSPITAL retained by the TO FUNERAL should be deto with the State with the State MAPORTANT: II		22d. PHYSICIAN'S NAME (TYPE	RORA	Mo.			O GALL		5, Bowl	EMO.			
BP		urial, cremation, removal Burial	23b. DATE 14Ma	ay85	730 NAME OF C	emetery or cr coln C	emetery		PG	STATE MD			
DHMH - 16 60M 7/73 (VR A 15 (4))		NAME  Dert F. Wilhe	alm Es	- TO GAL	tland,	Md		C'D. BY REGISTRAR 25b. REGIS					

the section of the se

MANAGE STREET BOLLS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTIringmann DEATH MATED 4. RACE DATE RONOUNCED White 11 DEAD 76 CITIZEN OF WHAT COUNTRY 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania DIVORCED Prince George 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Home Clinton Housewife SUAL RESIDENCE (IF IN NURSING HOME OR OTHER MINISTER OF 13b. COUNTY 13c CITY OF TOWN 13e STREET ADDRESS 20748 3n STATE 13d INSIDE CITY LIMITS? Pr. George Camp Springs Md. hohe Lengview Rd. NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles Florence Amanda Rowe 17. INFORMANT ADDRESS 4619 Yuma St. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO J. Michael Wash. D.C. 20016 Springmann 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ASA CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE DEPARTMENT OF 11 PRIOR TO BORIA Nac Close YES [] TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXAMNER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALIMORE, MARY CAND. 24201 P WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Accident 4 death resulted from: Natural couses Undetermined monner Burial Mt. Olivet Cemetery Washington, 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** G.P. Kalas F.H. 6160 Oxen Hill Rd. Oxen Hill, Md.MA (VR A15 ME (5))

STATE OF MARYLAND

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urial -11- t. livet createry salienten, .c. 2071, ... 20

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ABHYGIENE

	000	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.		
		CEASED NAME OR PRINT) LOU	rise .		ry		NMACHE	ir.		DEATH MONTH	DAY YEAR	2b. HOUR 9:40a
	3. SEX	emale	USA WIDOWED DIVORCED   PRINCE GEOR		=0	MONTHS DAY						
9	NE	RITHPLACE (STATEORS	11/13	USA		WIDOWE	DX C	MARRIED -	PRINCE	GEORGE	S COUNT	
5	L	anham	Dia 1	Doctor	H FACILITY, GIVE STREET	ADDRESS)			TYPE OF WORK	FOR MOST OF WORKI		BUSINESS OR
1	-13a S	ARY AND	13b COUR	11Y	13c CITY OR TOW		YES 🗌	NO X	12941			. 20708
		THER'S NAME FIRST FRNEST		1 /	HulbER		E	FIRST	WE	J.	NORTHR	last UP
		(AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	071-24-160		DONNE	Steinm	ncher	SAME I		OXIMATE INTERVAL EN ONSET AND DEATH
		Conditions, if ony, gove rise to imm couse to, stofin underlying couse	, which mediate lag the lost.	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)	IU IIII	ENCE OF		cary Heart	ANTER OISE	OR CONDITION	I GIVEN IN PART	
1	CERTIFICATION	DIAGE 19a DATE OF OPERA			TION FOR WHICH	OPERATIO			20a AUTO	P5Y? 20b. II IN CE	PUM, L FYES, WERE FINE ERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
1	MEDICAL CI	OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL STATE OF THE NOTIFY MEDICAL STATE OF T	CAUSE OF DE	HOUR A.	M. MONTH D.	19	21f LOCAT	ION	CO (ENTER NAT	CITY OR TOWN	COUNTY	STATE
		22a I certify the		1 4	19		DEGREE			STAFF PHYSICIAN	1	he couses stoted
		226. PHYSICIAN'S	SS VE				220 ADDRE	SS			RENBE	T MO 710
	230 B	URIAL, CREMATION,	REMOVAL	236 DATE 5 22 8				CREMATORY	23d. LOCA	TION	COUNTY	STATE

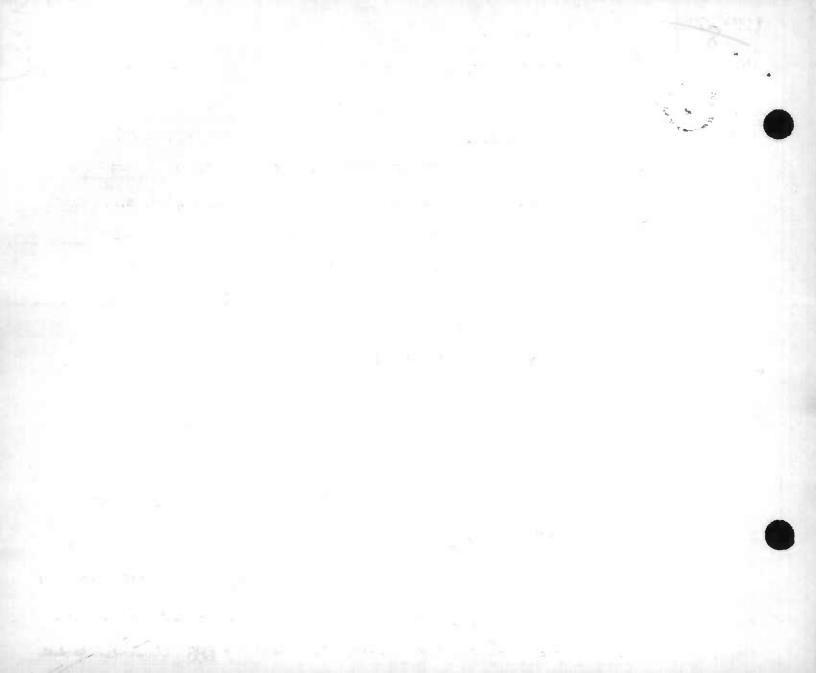
DHMH - 16 60M 7/84

(VRA 15, 4)

should be detached for use as the burial-transit permit, then prove complain, at remi-with the State Dept, of Health and Mental Hygiene prior to burial, cremation, at rem IMPORTANT: If them 21 is marked at Item 18 shows any injury, at ather traumatic eve

PUIKIAL STANDIS LOWVIllE KURAL CEME
21 FUNERAL DIRECTOR FLECK FUNERAL HOME INC.

7601 SANDY SPRING RO. LAUREL Md. 20707



10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Pand 2 should be filed within 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic

IMPORTANT: If Item 21 is marked or Item 18 shows any

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE

	1-	STATE REGISTRAR		DETAKIN		ICATE OF DEATH	REG. N	10.				
. 1		CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH E	DAY YEAR	2h HOUR		
	(TYPE	Evelyn	A			LIVAN			85	12:45 p		
	3. SE)	X	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BE		AONIHS DAYS	HOURS MIN.		
		Female	Whit	te	12	02 1913	71	YRS.		7.1.1		
-		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH			
0		rth Carolina	U.S.	Α.	WIDOWE		Prince	MD.				
3	10 C1	Riverdale		H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION OSpital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Clerk			of Business or can		
	11511/	AL RESIDENCE (IF NURSING HOME OF				ospital	CIEIK		Secur	ity Bank		
5	13a. S	STATE 13b COU		Hyattsvi	N	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 5805 42nd	Avenue	e 2078	31		
11	14. FA	ATHER'S NAME			- 10	15. MOTHER'S MAIDEN NA			1000			
4		Robert Th	omas	Anson		Rosa	Irene	2	Bat			
	160 V	WAS DECEASED EVER IN U.S. AF		16b SOCIAL SECU		17. INFORMANT	ADDR		939 Whi	ttington		
	()		VE WAR OR DATES)	578-22-9	ston, Texas							
П		18 CAUSE OF DEATH (Enter of	nly one couse per	ne couse per line for (a), (b), and (c).) Cardiac arrest/ arrhythmia								
		PART I. DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (0)	Suc	dden							
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE		osclerotic ca	rdiovascula	r dise	ase Uni	known		
H	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA											
2	CERTIFICATION	Multiple old s	trokes.	Insulin-	-deper	ndent diabete N WAS PERFORMED	s mellitus 200 AUTOPSY? YES NOX	, WERE FINDING CAUSES				
0	CER	710. ACCIDENT WAS UNDERLYING	4 0440	FINJURY M. MONTH DA	YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM IS P	ART I OR PART 2)			
7	AL	OR CONTRIBUTING CAUSE OF DE	MAID.	M.	19							
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		220 I certify that (I) (this hosp	ital) attended th	e decensed from	10 Ma	arch 10 63	, to11_Ma	3.7	10 85	that (I) (we) last		
		sow the deceased alive or	11 May	19	85	nd that in (my) (our) apinion	death accurred on the c	late and hour	and from the	couses stated		
		77h SIGNATURE	22c. DATE	SIGNED								
		Con		maren			MEDICAL STA	CIAN [	11 Ma	ay, 1985		
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT		1	22e ADDRESS						
		Carl J. I	Houmann,	M. D.	555	4404 Queens	sbury Rd. R	iverda	le. MD	20737		
		BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
		Burial	5/14/			ncoln Cemeter	ry Brentwoo	od P	G. N	laryland		
		wheiere Gasch's S				25a DA	Y 1 6 1985	THE RECIDE	NonCompanie	Allow -		
	47	39 Reltimore As	renue Hy	atterrille	Md	20781   IVIA	1 1 0 1300	y				

4739 Baltimore Avenue Hyattsville, Md. 20781

DHMH - 16 50M 4/B3 (VRA 15, 4)

Aid		FOR STATE				MENT OF	HEALTH		HJATH		5	3 4	9	
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25年20日本	Mr.CI	Y OF TOWN	OF DEATH	II. NAME OF HO			, OR OTHE	R INSTITUT	ION	120. USUAL	OCCUPATION OF WORKING LIFE)	(TYPE OF WORK	12b. KIND OF OR INDU	BUSINESS
Z Charles	1	Cheve		Prince (	George	's Gen	eral	Hospi	tal		ICE OFFI	CER	D.C. (	
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A SECOND	1	FRANCIS	EVER IN U.S. A	A.	SUMN	ER	( NO	MA]			M.		JOHNSON	
MIT THE WOOD /		YES	WN)   (IF YES, GIV	e war or dates) 0-1966		-36-33		JO J		MIED	(SAME		ITEM #1	2)
MITH PAGE	5			nly ane cause per lin			14	00 0	· DOM	MEU	(SAME)	AS_	APPROXIM	ATE INTERVAL
MAN AND AND AND AND AND AND AND AND AND A	Y	PART I DE	ATH WAS CAUS	ED BY:	e iui (u), (b		hal+ir	ole In	iuric	oc.			BETWEEN OF	SET AND DEATH
TO NO NA	18	815	IMMEDIA	ATE CAUSE (a) DUE TO, O	R AS A CON	SEQUENCE (		71E_111	Julie	-5				16
ES L	1		s, if any, which											
W. WENT	1	cause (a)	stating the <u>under</u>		R AS A CON	SEQUENCE	OF.							
ON PERSON		lying cou	se last.	(c)										
CRITICATE SHOULD BE EXECUTE TIME THE WORD "THE PROBING" IN A SENDING" IN A SENDING TO THE MEDITAL EXA SHOULD BE USED AS A BURIAL DEPARTOR TO BURIAL CREMATION.	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).												
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E STAN		OX BALL TO A		rge of the remains de			Autops		Inspection		nguiry ,	and in my		
MAN HOUSE	-	death resulte	·	ural Luse .	Accident		icide .	Hamici			ned manner	].		
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TO M PAGE TO PU	100	(TYPE OR PRIN	IT)Gre	gory R. K				ADDRESS		Penn				
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BP	24 F	BURIA UNERAL DIREC		7-0-1905	F	T. LIN	COT'II	PENNET!	50. DATER	EC'D. BY REC	GISTRAR 256 R	EGISTRAR'S	SIGNATURE	Md.
DHMH - 17 (VR A15 ME (5))	W	W. CH	AMBERS (	CO. RI	VERDA	LE, Md	. 207	37	VARA	0 10	85	u Davido	SIGNATURE	2
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A STATE OF THE PARTY OF THE PAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 143135 - STATE REGISTRAR REG. NO DECEASED NAME HELEN 20. DATE KNOWN P TAFT 10 (TYPE OR PRINT) OF ESTI-DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED 26, 1916 68 TRS DEAD To BIRTHPLACE ISTATE OF b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) North Carolina United States WIDOWED DIVORCED X ID. CITY OR TOWN OF DEATH NAME OF HOSPITAT, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 126. KIND OF BUSINESS Domestic OR INDUSTRY Cheverly private USUAL RESIDENCE (IF IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE REFORE ADM 13c. CITY OR TOWN 130 STATE 13b. COUNTY 3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince Geo. Suitland YES 4697 Homer Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE JOE BOYD LILLIE COPPAGE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO **ADDRESS** (IF YES, GIVE WAR OR DATES NO 240 03 8035 Margie Perkins-daughter 1302 Saratoga 18. CAUSE OF DEATH (Enter only one cause per the far (a), (b), and (c).) AS A BURIAL-TRANSIT PERMIT ALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO: OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION NWARDED TO THE CHIEF W R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, C 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO [ 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE L DIRECTOR: F H, WITH THE SI MARYLAND, 3 220 I certify that I took charge of the remain described above, held an Autopsy Inspection death resulted from: A Natural causes Homicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, BALTIMORE, M. Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto ADDRESON9 Rayburn Ct. Camp Springs, Md. 20748 Rodriguez. M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION COUNTY ?Burial May 16, 1985 Lincoln Memorial Cem. Maryland 07/84 Suitland 25M 24. FUNERAL DIRECTOR 1756 REGISTRAR'S SIGNATURE **DHMH - 17** ALEXANDER S. POPE 2617 Pa Ave., S.E. Wash., D.C. (VR A15 ME (5))

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23d LOCATION

Clinton, Maryland P.C.

D BY REGISTRAR 256. RECISTRAR'S EIGNATURE

20 1985

	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	5.						
		CEASED NAME FIRST	A	AIDDLE	(	AST	20. DATE OF DEATH MONTH DAY YEAR 26. HOL							
ď	{11496	DONALD		F	T	aylor	MI	44	18 1985	112 AM				
	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY}	MONTHS DAYS	IF UNDER 24 HRS				
	N	Male	Black		DEC	16. 1937	47	YRS.	MUNITS! DATS	HOURS MIN				
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	Y OF DEATH						
5		cyland	United	States	WIDOWE		PRINCE G	EOR	BES (O	UNTY MD.				
		TY OR TOWN OF DEATH				OR OTHER INSTITUTION	126 USUAL OCCUPATION			F BUSINESS OR				
1	C	LINTON	SOUTH	ERN MAL	V/AN	n MOSPITAL	Technician	P WORKING I	Government					
-		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COD		10135				
5		ryland P.G.		Clinton		YES NO	6808 North							
	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			LAS	ST				
O	(	Charles	A.	Taylor		Edith			Waters					
1		VAS DECEASED EVER IN U.S. AR	RMED FORCES?	166 SOCIAL SECU	SS									
			-1960	212 40	3878	Agnes Taylor-	- 6808 No.G	ate P	wv Clin	ton Md.				
		18. CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), and	d (C).1				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
		PART I. DEATH WAS CAUSE		37 minute										
		WWWEDIA												
		Conditions, if any, which ( 1) ( Ceute myseardeal defaration								26 HRS				
		gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	A	T Neas T								
		underlying couse lost.	(6)	Hyperte	nece	e arteriosale	volce feart	Draw	202 2	YRARS				
		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	EATH BUT	DITION GI	GIVEN IN PART TO							
	O N													
7	CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?			, WERE FINDINGS USED YING CAUSES OF DEATH?				
	CERTIFICATION				8.00		YES NO		ES NO					
9	E E	210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	BI MATI NI YE	8 PART I OR PART 2)							
1	CAL	OR CONTRIBUTING CAUSE OF DE	AIH		19									
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	.D., 516.	211 LOCATION STREET	CITY OR TOWN COUNTY STATE							
	Z	AT WORK AT WORK												
		220 I certify that (1) (this hosp	ital) attended th	e deceased from_	MAY	15 19 8.5	_, to May	18	19_85	that (I) (we) last				
		saw the deceased alive or above, (1) (we) (did) (did no		ofter death.	45 ar	nd that in (my) (our) opinion o	death occurred on the do	ite and ha	our and Irom the	causes stated				
		226 SIGNATURE				DE GREE		14/1	22c. DATE	SIGNED				
		Helen D	Cappy	e	1	A D ATTENDING PHYSICIAN	MEDICAL STAF		Mas	418-85				
1		224 PHYSICIAN'S NAME (TYPE	OR PRINTY		TO ELL	22e ADDRESS		1.	131 -1	1/1				
1	9	Helen	D CA	PONE		7501 5	URRATTS	14	6/11/0	W Md				

23c NAME OF CEMETERY OR CREMATORY

2617 PENN. ALE

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached far use as the burial-trang; permit. Then please remove carbon, with the State Dept. of Health and Mental Hygie'ne prior to burial, cremotion, ar rem

MPORTANT: If Item 21 is marked or Item 18 shows any

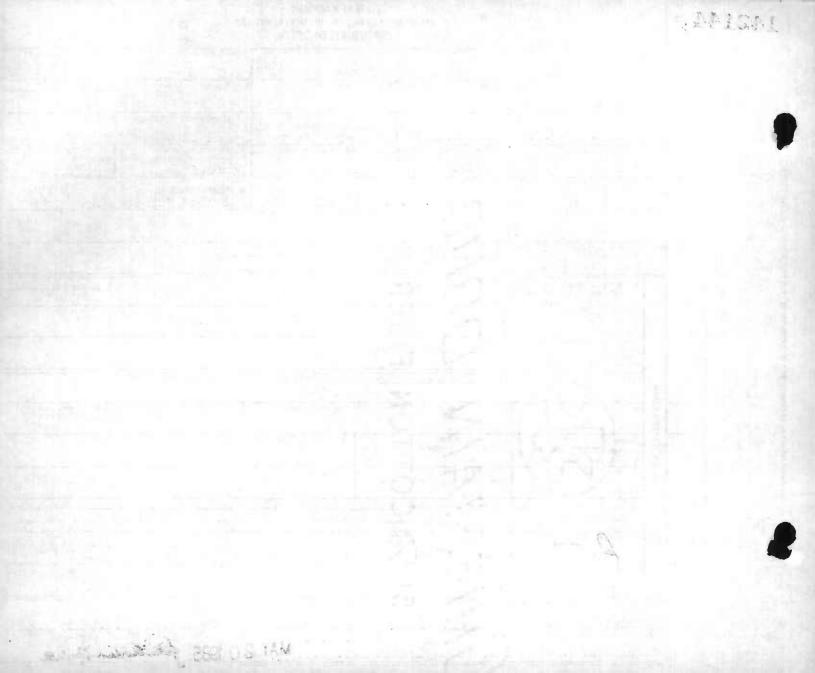
230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

24 FUNERAL DIRECTOR

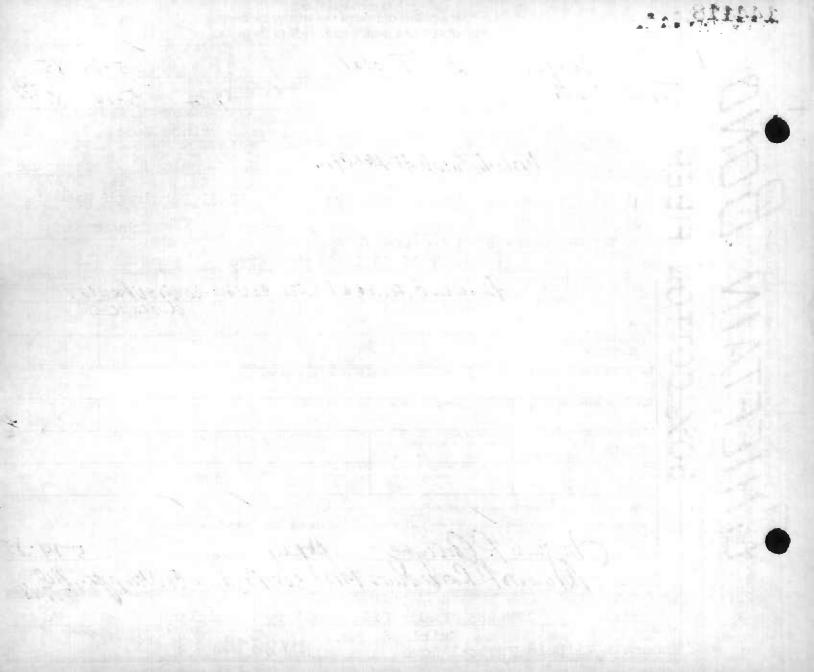
236 DATE

5/22/85

STATE OF MARYLAND 142144 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT GLADYS BROWN TAYLOR 16. 1985 6:450 N 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR IF LINDER 2 CHRS MONTH DAYS HOURS Female Black MAY 1915 26 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. United States PRINCE GEORGES COUNTY WIDOWEDKK DIVORCED [ IR CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CLINTON SOUTHERN MARYLAND HOSPITAL Housewife private USUAL RESIDENCE (IF NURS NO NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 138. STATE 131. COUNTY 1131. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Wash. D.C. 322 15th Street YESXX 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST ISAAC BROWN A. LAURA HUDNELL 17 INFORMANT Daughter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS BALTIMORE Md. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577 90 1776 No Jovce Johnson- 2248 Anvil Lane Temple Hill APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for 103, 163, and (c).) PART I. DEATH WAS CAUSED BY 3 years CANCER OF THE BREAST WITH PRESTON ST DUE TO, OR AS A CONSEQUENCE OF METASTICES TO THE LIVER Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110" DIVISION OF VITAL RECORDS, CERTIFICATION 0 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED P IN CERTIFYING CAUSES OF DEATH? NO 2 YES NO F Hygier 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINERS P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION puo (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from May 6 sow the deceased alive an May 16 above, (I) (we) (did) (did not) view the bady after death and that in (my) (aur) apinion death occurred on the date and haur and fram the causes stated 22b SIG# DEGREE 22c. DATE SIGNED TO FUN. ATTENDING XX MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ M.D. 5/16/85 22d PMYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS P. Wisotsky, M.D. 6188 Oxon Hill Rd, Oxon Hill, Md. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) COUNTY STATE Burial 1985 Ft. Lincoln Cemetery Brentwood P.G. Maryland 24 FUNERAL DIRECTOR DHMH-16 60M 1/23 Wash. D.C. ALEXANDER S. POPE 2617 Pennsylvania Ave., S.E. (VRA 15 (4))



44118									ARYLAND			notes in	NA N	-9	
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AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	-	Conditio	ns, if ony,	which	DUE 10, 0	K AS A CUI	ASEQUENCE OF			٠		ace	canc_		
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		lying car	) stating the <u>u</u> use last.	inder-	DUE TO, O	R AS A COI	NSEQUENCE OF								
	23	-11			(c)										
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1	MEDICAL CERTIFICATION	210. EXTERNA		M3	11b. TIME C		DAY YEAR	ZIt. HO	W INJURY O	CCURRED (F	NTER NATURE OF	INJURY IN ITEM TE	PART † OR PART	)	
)	CA	CONTRIBUTI	NG CAUS	E OF DEATH			19								
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	-	AT WORK	NOT WHILE	E 🗆									50014	ALL	-1816
		22e Loert	fy that I took	charge of th	ne remains de	scribed ob	eve held on	Autaps	v 🗍 📭	nspection 🗹	, Inquir		nd in my opin	100	
		death result		Natural cau		Accident			Homicide		ndetermined		no miny opin	011	
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F	1	SIGNATURE	N	1	1	0 1	110	M.I	0. 1 - 100	1	MEDICAL EXA	AMINER	SIGNED.	3 /	
1		EXAMINER'S	NAME/12	643,	MP.	Carly	Guar	11/	DIDRESS 5	179 Ca	enters	1 Ct. (	(mp)	V., 14	P
	23a Bl	IRIAL CREMA		VAL 23b DA	TE	231	NAME OF CEME				d. LOCATION CITY OF TOWN	1	111	130	H/
	15	Buria:			May85		dar Hi			ry	Suit	land	PG	Mo	TATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FRST 20. DATE KNOWN TO MONTH LITTER OR PENTS OF ESTI-James Harrison Tippett DEATH MATED 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Nov. 4, 1920 64 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE CH 76. CITIZEN OF WHAT COUNTRY? MARRIED INEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Prince George's County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11\_MAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS Cheverly Brick Layer Const. Co. SUAL RESIDENCE HE IN NURSING HOME 3a STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland P.G. Landover 3720 Harmon Ave. 20684 YES TO NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Novel Harrison Tippett Maud Canter I. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Address Same as [YES, NO, OR UNKNOWN] No# 13e. 216-12-4963 Mrs. Mary J. Tippett 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: aveinena IMMEDIATE CAUSE (c DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 NO / 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21f. LOCATION STREET, FACTORY, FARM ETC I CITY OR TOWN WHILE AT WORK COUNTY STATE 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Natural causes Hamicide Undetermined monner TITLE (SPECIFY) GE 4 SHOU FUNERAL TER DEATH. **ACTUAL** DATE M.D. Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rødriguez, M.D. 5009 Rayburn Ct., Temple Hills, Md TYPE OR PRINT) 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATOR Burial May 6.1985 Fort Lincoln Cemetery Maryland Brentwood P.G. 07/84 25M 24. FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** F. Gasch's Sons F.H. P.A. Hyattsville, Maryland (VR A15 ME (5)) furtambergdson gands ee

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FOR

Stokes Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 220 DATE SIGNED (SPECIFY) 5/15/85 Fort Lincoln Cemetery Burial Brentwood 250. DATE REC'D. BY REGISTRAR 2500 REGISTRARS SIGNATURE Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

STATE OF MARYLAND

26 HOUR

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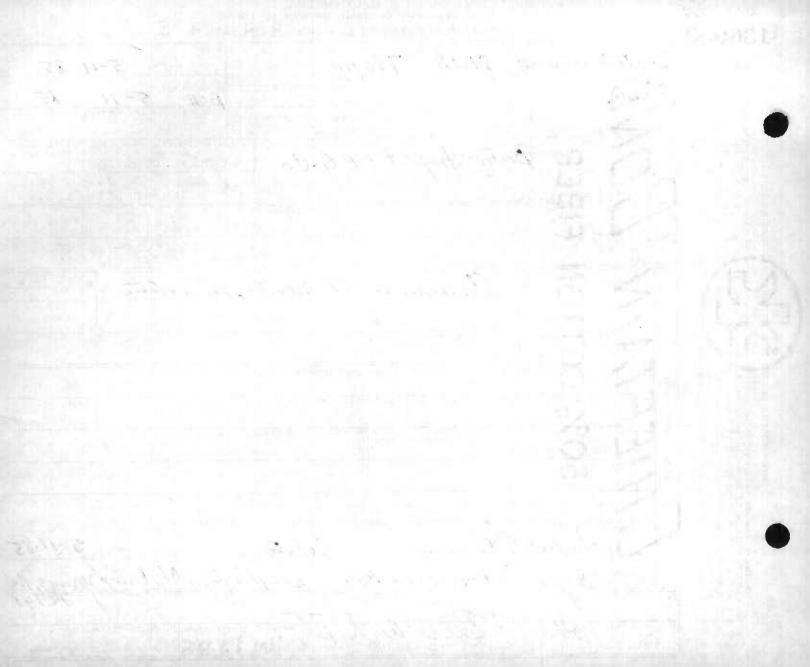
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIF REGISTRAR REG. NO DECEASED NAME 16 HOUR KNOWN (TYPE OR PRINT) OF ESTI-Glady 1 ne DEATH MATED 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 83 DEAD 5, 1901 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Illinois U.S.A. WIDOWED Y DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY Homemaker Own Home FORM PM 3, RETAIN P.
SES 1 AND 2 SHOULD BE SUAL RESIDENCE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 113b COUNTY Pr.Geo's 1077 Largo Rd., /20772 Largo NO [] 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE Perry Nelson Gertrude Rose 14613 Cambridge Drive Ronald B. Tucker-Upper Marlboro, Md. 20772 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) MENTAL HYGIENE, DIVISION, OR REMOVAL CAUSE OF DEATH (Enter only one couse pegline for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Carles Vasculed descare PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF URIALlying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? ARE THIS GR.

CATE, WRITING TR.

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OF THE DEPARTMENT OF E CHIEF BE USED YES NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Accident death resulted fram: Natural causes Homicide Undetermined monner Suicide MEDICAL EXAMINER EXAMINER'S NAM NOCKIGUAZ 230 BURIAL CREMATION REMOVAL 23b. DATE 23d LOCATION Fort Lincoln Cemetery Brentwood(Pr.Geo's) 07/84 BP. Buria 25M Richard A. Coleman -Upper Marlboro, Md. 20772 **DHMH - 17** (VR A15 ME (5)) Funeral

STATE OF MARYLAND

66112	1-	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	PER 1 5 3	6 1
may be		CEASED NAME FIRST	14 RACE	SALLY TO	LER DE BIRTH	28. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 1985 11, 08
h. Page 4 m	7a Bi	FEMALE STATE OF FOREST	Th CITIZEN OF	CASIAN M WHAT COUNTRY?		9 PALTIMORE CITY OR COUNT	MONTHS DAYS HOURS MI
the funera within 72	10 CI	TY OR TOWN OF DEATH TYATTSVILLE		HOSPITAL, NURSING HOME OF	DIVORCED DIVORCED	PRINCE GEORGI  12a USUAL OCCUPATION  (TYPINUM SOR MOST OF WORKING LE	126 KIND OF BUSINESS
nin 24 hours filled in by uld be filed	USU/	AL RESIDENCE (IF NURSING HOM		N. GIVE RESIDENCE BEFORE ADMISSIONI	1134 INSIDE CITY LIMITS?	7223 MARYWOOD S	
ompletely and 2 shou			arly	whittle	15. MOTHER'S MAIDEN NA	ANN'	FOUNTAIN
ian and c Pages 1 . The me	160 V	VAS DECEASED EVER IN U.S. (15 YES, 4)	ARMED FORCES? GIVE WAR OR DATES!	578-20-2957-	VIOLETTE TY	ADDRESS LER, DAUGHTER IN I	LAW, SAME AS #3
requires that the d signed by the atter ten please remove of to burial, cremation y injury, or other tr	N	Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	(c)_	OR AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	
Cian. The law cian. ificate has beer nsit permit. The Hygiene prior in 18 shows an in 18 shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
HYSIC physi physi is cert is cert or c	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	OF INJURY A.M. MONTH DAY YEAR P.M. 19		RED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2]
r attending r attending R: After th e as the bur ealth and A is marked	MEC	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	(At HOME, S	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATT nospital o DIRECTC led for us ept. of H f Item 21		22a   certify that (I) (this has sow the deceased alive above. (I) (we) (did)	on 7 7	y of per death.	DEGREE MATTENIONIC	death occurred on the date and had	or and from the couses stated
TO HOSPITAL retained by the I TO FUNERAL E should be detach with the State D IMPORTANT: I	23e B	THOMAS G.	MALONEY	23¢ NAME OF C		VE., HYATTSVILLE,	
BP DHMH-16 25M		INERAL DIRECTOR RIC	5/30, HARD RAP	/85 CEDAR H	LL CREMATORY	SUITLAND	PG. MD.

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	1,	FOR STATE			DEPA	RTMENT OF I	E OF MARYLAND HEALTH AND MENT	ALHYGIE	NE	5 3	6 2	
548	1.	REGISTRAR				CERTII	ICATE OF DEAT	H		REG. NO.	THE RESERVE	
		CEASED NAME	FIRST	,	WIDDLE		LAST		20. DATE OF D		DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	JTH	7	7.	VAI	LOR	107	MAY	2	1985	3:05P
	3. SE			RACE			OF BIRTH	- 1	AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
		Female		Blac	k	MONT	H DAY YE	AR			MONTHS DAYS	HOURS MIN
						Nov	. 20, 19	21	63		RS.	
7-		RTHPLACE (STATE OR FO	REIGN 7	b CITIZEN OF	WHAT COUNT	MARRIE	DXX NEVER MARRIE	ED D			INTY OF DEATH	
	/Ls	outh Carol	ina	USA		WIDOW	ED DIVORCE	ED 🗌	P	rince G	eorge's	M
カ・	10. CI	TY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTIO	I NC	20. USUAL OC	CUPATION OR MOST OF WORKE	126. KIND (	OF BUSINESS OF
5	5	Lanham		Doctors	Hosp:	ital of	Pr. Geo.	0.	Homemak		Pvt	
	USU	AL RESIDENCE (IF NURSI		THER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION						5113
33	Sec.	ld.	P.G.	1	Seat P1		13d INSIDE CITY LIM		3e. STREET AD	h Place	20	145
		THER'S NAME	r.G.		beat FI	easant	15 MOTHER'S MAID			n Place	2	
1	170	FIRST	MI	DDLE	LAST		FIRST			MIDDLE	LA	ST
26		ley			Mitch		Anna		N	lae	Atchi	
		VAS DECEASED EVER (ES, NO OR UNKNOWN)	(IF YES, GIVE V		166 SOCIAL SI	CURITY NO.	17 INFORMANT			ADDRESS	North Br	entwood
1		No		67.31	577 20	0070	James Vai	lor-	4530 41	st Ave.	. Marylan	d
		18 CAUSE OF DEATH	H (Enter only	one couse per	line for (a), (b),	ond (c).)	^				APPRO: BETWEEN	ONSET AND DEATH
ven,		PART I. DEATH W.	AS CAUSED IMMEDIATE		C	india	anest				1	m.
	177		IMMEDIATE									
	1.3	Conditions if any	Local	DUE TO, OI	R AS A CONSE	DUENCE OF	in Ala	D	Oct.	Cacho ha	1111 2	un.
other traumo		Conditions, if ony, gove rise to imm	nediote	(6)			2007	nu	earyo	- June 1 a	M F-MB	70
		couse (o), stating underlying couse		DUE TO, OI	R AS A CONSE	QUENCE OF	200	0 1	1		64	D
				(c)			Tune	2	-ur une	-	1	
B	z	PART 2. OTHER SIGN	IIFICANT CO	ONDITIONS CO	ONTRIBUTING	O DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE	OR CONDITION	GIVEN IN PART 1	(0)
_	CERTIFICATION		Vie	feel N	ellux		Je zuns	1				
-	7 5	196. DATE OF OPERAT	ION	1% CONDI	TION FOR WH	CH OPERATIO	N WAS FERFORMED		200 AUTOP	5Y? 20b. I	F YES, WERE FIND ERTIFYING CAUSE	NGS USED S OF DEATH?
6									YES _ 1	K OV	YES	NO 🗆
1		210. ACCIDENT WAS UND		216. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATUE	E OF INJURY IN ITEA	M 1B, PART 1 OR PART 2)	
1	1 ×	OR CONTRIBUTING C		P.		19	1907					
	MEDICAL	21d. INJURY OCCURR	ED	21e. PLACE	OF INJURY		21f. LOCATION		1127			
	¥	WHILE NOT WH	IILE	(AT HOME, STR	EET, FACTORY, OFFI	CE, FARM, ETC.)	STREET		C	TY OR TOWN	COUNTY	STATE
		220. I certify that (I)		I) attended the	a deceased for	4/	19 10	M	5	E AT	10 8-1	1
0						0.000	nd that is (my) (a	Dining d	, to			that (I) (we) lo
7	100	saw the decease above, (1) (we) (d	d) (did not)	view the body	ofter death.		nd that in (my) (	opinion de	om occurred o	on the date and	hour and from the	couses stated
		THE SIGNATURE			41	- 11	DEGREE				22c. DATE	SIGNED
		+	la h	C.M	Ine	N	ATTEND PHYSIC	DING DIAN A	MEDICAL DIRECTOR	STAFF PHYSICIAN	5/3	3/15
1		224 PHYSICIAN THE	ML (TYPE OR P	RINT)	1	1	22e ADDRESS	0	11			
1		11	The	1/ (	mesl	rel	5806	Bull	45	10	Monttal	20 (W) x 71
-	73a B	URIAL, CREMATION, F	DE MOVAL	///		NAME OF C	EMETERY OR CREW	7004	Topa LOCATI	211	1000	C 00 - 78
	230. 6	PECIFY)	EMOVAL	23b. DATE		. NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION OR TO	OWN OWN	COUNTY	STATE
	200	Burial		5/6/8	5	Lincol	Cemetery			itland.	Marylan	
	24. FU	INERAL DIRECTOR			ADDRESS	-110011	2	So. DATE F	REC'D. BY REG	ISTRAR 256. RE	GISTRAR'S SIGNAT	
		Alexande	r S. I	Pope 26	17 Penn	. Ave	SE	MAY	TOR	33 gron	a Davidson	jandelle

158027

	STA	TE OF M	ARYL	AND	
DEPARTME	NT OF	HEALTH	AND	MENTAL	HYGIENE
	CEDT	FICATI	OF	DEATH	1

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1	FOR STATE REGISTRAR			DEPAI		EALTH AND MENTAL HY	Maria Santana	<b>5 3</b>	6 3		
	CEASED NAME E OR PRINT)	FIRST ELEA		A.		AST AUGHN	20 DATE OF DEA	TH MONTH 5	23 8	26. HO	UR AM
3. SE	X		4 RACE		S. DATE C	)F BIRTH	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS
F	`emale		White	a	June	40 4000	2	31 yrs	MONTHS DA	S HOURS	MIN.
7a B	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTR	2Y? 8.		9 BALTIMORE C	ITY OR COUN	TY OF DEATH		
	ew Jerse	v	U.S.	Α.	WIDOWE	D NEVER MARRIED DIVORCED	PRINCE G	EORGE (	COUNTY		MD.
	CHEVERLY				SING HOME C	AL HOSPITAL	120 USUAL OCCU	MOST OF WORKING			ESSOR
	AL RESIDENCE (IF NURS STATE Md.	136 COUN		GIVE RESIDENCE BEI	NWC	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDR 3101 -	ESS / ZIP CO	JUL .	(12) eet	
14. F/	ATHER'S NAME		MIDDLE	LAST	E-12/17/2	15 MOTHER'S MAIDEN NA	ME	ID16		LAST	
	Harry		C.	Av:	is	Mabel	В.		Hur		
160	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SE		17 INFORMANT		DDRESS		ie as	
	YES, NO OR UNKNOWN)	111 165, 011	-	213-4	2-5945	Eugene H.	. Vaughr	(Hus	band)	abov	'e
CERTIFICATION	Conditions, if any gove rise to imm cause (a), stating underlying couse  PART 2 OTHER SIG	mediate ng the last NIFICANTO	DUE TO, O	Parlo ONTRIBUTING I + Ca	QUENCE OF WEST TO DEATH BUT Che Re	Decreption of the Territory of the Terri	indus la MINIAL DISEASE OR	CONDITION (	GIVEN IN PART		
RTIF							YES NO		YES 🗌	NO [	3
	2 a ACCIDENT WAS UN		110110	M, MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	JF INJURY IN ITEM	18 PART   OR PART	7)	
MEDICAL	(IF EITHER, NOTIFY MEDI		P. 21e PLACE	M.	19	211 LOCATION					
MEC	WHILE NOT WE AT WORK	HILE		REET, FACTORY OFFI	CE FARM ETC )	STREET	CITY	ORTOWN	COUNTY		STATE
	22a I certify that (I) saw the deceas above, (I) (we) 6	ed alive on	5/2	2/19	ES or	nd that in (my) (aur) apinian DEGREE	/			he causes st	tated
	224 PHYSICIAN'S N SUKUMAR			M.D.	V	ATTENDING PHYSICIAN [  220 ADDRESS  3308 PERRY S	DIRECTOR P	STAFF HYSICIAN	5/ 1, MD.	23/83	5
	BURIAL, CREMATION,	REMOVAL	23b. DATE	2:	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	remation		5-25-	-85	Ft. Li	ncoln Crema	0		od Pr.	Geo.	Md.
	UNERAL DIRECTOR					25a. DA	TE REC'D. BY REGIS				
V	alley's	F.H.	inc.	Mt. Ra	inier,	Md. MAY	2 1, andre	1.1. K.	:4 70.	1.00	3

DHMH - 16 60M 7/B4 (VRA 15, 4)

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H. 5 MUASHINGTON+ SONS 4925 BURROUGE ANG, N.E.

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

MATHER IS IN TO 201. 20 1910 Machania dinadoaN Md. F.C. Cheverly x 6009 Head St. nostal garage monaty avode (1 % se amai-monniv Tarks archi-c- re NAME OF THE PERSON NAME OF THE OWNER, THE The total and the second of the second of the second THE R. L. LAW LESS CONTRACTOR OF THE PARTY O

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(TYPE OR PRINT)	INE	VIRGIL	05	02 85 2;00A <sub>M</sub>
3.	SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
L	Female	Black	May 7,1895	89 YRS	MONTHS: DATS HOURS MIN.
170	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
S	South Carolina		WIDOWENX DIVORCED	PRINCE GEOR	GES MD.
1	CHEVERLY		NURSING HOME OR OTHER INSTITUTION ES NURSING CARE CENTE	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Housewife	12b. KIND OF BUSINESS OR INDUSTRY
	STATE 136 COL	INTY 13c. CITY OI	R TOWN 138 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COE	
1	Maryland   PG	Fore	stville YEXX NO [	5405 Lubbock	Road
1	FIRST	MIDDLE LA	Laura	WIDDLE	Richardson
16	NO WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!	L SECURITY NO. 17 INFORMANT	ADDRESS	
L	NO	243-	01-5156 Gracie L.	Lee same	as #13
I	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per line for (a), ED BY ATE CAUSE (b)	ocyrene RyLI L	et.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 WULL
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	peripheral Noom	MINAL DISEASE OR CONDITION G	YCO'S
7	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING [	196. CONDITION FOR V	which operation was performed	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \( \text{NO} \( \text{NO} \)
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	HOUR A.M. MONTH	H DAY YEAR  19  21t. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18	
1	AT WORK AT WORK	(AT HOME STREET FACTORY, C	OFFICE FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
			_19, and that in (my) (our) apinio	n death occurred on the date and ha	
	22b. SIGNATURE	4/		STAFF DIRECTOR   PHYSICIAN	J-/2/1
	DON HOY	ablocowit	220 ADDRESS 10300 G!	reenhalt Rd. J	jeobrook 2071
23	Be BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 5/4/85	23c NAME OF CEMETERY OR CREMATORY Washington Nation		P'G' MD
24	FUNERAL DIRECTOR	Su	itland MD JAAN	ATT PECO BUSINESTRAR SERECU	TRANS SIGNATURE

E Wilhelm Funeral Home

DHMH - 16 60M 7/B4

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remavol. IMPORTANT: If them 21 is marked or Item 18 shows any injury, as other troumatic event, the medical process.

OR ATTENDING PHYSICIAN, The

retained by the haspital ai ottending physician.

to mugan

NOTE OF STREET STATE

86	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HE		ID MENTAL BY	GIENE	S REG. N	3	6	6	
1		CEASED NAME FIRST	MIDDLE	-1141	LA	_		20 DATE C		MONTH	DAY	YEAR	26 HOUR
		Pearl		Wade		ade				5	15	85	10:250
1	3 SE		4 RACE		S. DATE OF	F BIRTH DATE	YEAR	6. AGE (IN	YEARS LAST BIR	(THDAY)	MONTH	DER TYEAR	IF UNDER 24 HRS HOURS MIN.
1		emale RTHPLACE (STATE OR FOREIGN	Caucasian	COLINITRY?	June	7,	1926	58	ORE CITY C	YRS		NEATH.	
12 3		COUNTRY)		COOMIKI	MARRIED		ER MARRIED					EAIR	
37		IONTANA ITY OR TOWN OF DEATH	11. NAME OF HOSPIT				DIVORCED	120 USUAL	nce G	ION 2	121	b. KIND O	F BUSINESS OF
5	R	iverdale	Leland Mem			tal			ewife	OF WORKING	LIFE) IN	DUSTRY	
20	13a	AL RESIDENCE (IF NURSING HOME		SIDENCE BEFORE		13d INSID	E CITY LIMITS?		ADDRESS .	/ 7IP CO	DE		
9	-	yland Pr.	Geo. Hy	attsv	ille	YES 🗌	NO 🗌	6627	24th	Plac		2	0782
16	LA FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTH	ER'S MAIDEN NA FIRST	ME	MIDDLE			LAS1	
27	160 1	OLEY VAS DECEASED EVER IN U.S. A	1100	CUM OCIAL SECU	DITY NO	17. INFOR	Edith		ADDRE	22	- 4	Ward	
nedico /			GIVE WAR OR DATES)					,					
		18 CAUSE OF DEATH (Enter		-58-93		Harok	d J. Wai	de Hu	sband	San	ne as	APPROXI	MATE INTERVAL
vent,	82	PART I. DEATH WAS CAUS	SED BY.		ahomo	a of	the lu	ne with	cero	Lelle	nt		mos
atic e	41	IMMEDI	DUE TO, OR AS A			Ü	7.00	0	Inex	talka	140		
moo.		Conditions, if ony, which	( (b)										
her t		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUE	NCE OF								
or oth			( (c)	WITH 10 TO 1	NF 4 711 D 117 4								
nlory	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	SOLING IOT	DEATH BUT N	NOI RELA	IED TO THE TERM	AIN AL DISEA	SEORCON	DITION	SIVEN IN	I PART 110	
No /	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH	OPERATION	WAS PER	RFORMED	20e AUT	OPSY?			RE FINDIN	GS USED OF DEATH?
Shows	RTIF							YES 🗌	NON	13-97	YES 🗌		NO [
8-6		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			AY YEAR	21c. HOW	/ INJURY OCCUR	RED (ENTERN	ATURE OF INJU	RY IN ITEM 1	8 PART I O	OR PART 2)	
r Her	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJ	LIBA	19	21f LOCA	TION						
ve de	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FAC	TORY, OFFICE, F.	ARM ETC )	STE	REET		CITY OR TO	WN	C	OUNTY	STATE
		22a.1 certify that (I) (this has	pital) attended the dece	osed from	De	(	19.84	to	ma	3	19 8	1	hat (1) (we) las
21 18		saw the deceased alive a above, (1) (we) (did) (did)	not view the body ofter d	19 A	, and	that in (n	ny) (aur) apinian	death occurr	ed on the d	e and h	our and		
Hem		226 SIGNATURE	000	N	Di	EGREE	4725.424.4				2	22c DATE S	IGNED
Ž		lan	ign gental	J			ATTENDING PHYSICIAN	DIRECTOR	STAI	IAN		4-	16-85
MPORTANI	33	224 PHYSICIAN'S NAME (TYPE	CORPMINI)		Ja'V	22e ADDF	RESS .	10	1 # 0	100	2.4.	hel	12073+
IMPORT	22- *	Lac Till 10	4,00,170	122	14145.05.05	83 1	o wood			1100	rour	7) 100	704
1	-	SURIAL, CREMATION, REMOVA					RCREMATORY	1 400	ORTOWN	•	COU	NIY	STATE
/B3		VIIAL  JNERAL DIRECTOR FRANCE	May 20,198 cis J. Colli	5 Ge	orge W	ashir	ng ton	AREC'D. BY	PHA.	25b. DEG1	Geo STRIME'S	Mar	yland
03	500	University Bl	Pud. W. Sin	ILOH C.	ok inc	11.1	M	AY 2.0	1985	A	2 Dav	10000	Manager
		- July Da	er we pive SAL	ver S	wung,	MO.	(4)	111 23 0	1000	<u></u>			

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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Francis I. Callins
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FOR STATE REGISTRAR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

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17	员 尹	8 5 5
	生士	202
	6. 1	# # 7
	TENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours offer death, rage 4 may be proof or intending physician.	TOR. After this certificate that been signed by the attending physicion and completely field in by the funeral director, page to the build harding been. The physician employees paged to add 2 the full ground at the physician employees and a theory and American by the property of the physician contemporal to the physician beautiful to the physician property of the physician property of the physician property of the physician property of the physician ph
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3	3. SE)	X	4.	RACE		5 DATE	OF BIRTH		6. AGE (IN YEARS !	AST BIRTHDAY)	IF UNDER 1 YE	
		Female		Cauc.		MONT	H DAY	1897	88	YR	MONTHS DA	YS HOURS
1	7a. BI	RTHPLACE (STATE OF F	FOREIGN 7b.	CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER	MARRIED -	9 BALTIMORE C			20
1	-	Illineis		USA		WIDOW	ED 🔭 [	NORCED [	PRIN	E	6E01	GE
6	10. CI	LINTON				URSING HOME (	HOSE	TAL	Type of work for a Housewi	AOST OF WORKIN	G LIFE) INDUST	of Busi RY home
	Ma S	ryland	13b COUNTY Pr. Ge		13c CITY OR		13d. INSIDE	4000	3703 Sp	ESS / ZIP CO	ode errace	20748
20	4 FA	THER'S NAME FIRST Daniel	MID	DIE	Bec		15 MOTHER	rs MAIDEN NA/	MID		Bad	onevi
		VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		319-20	SECURITY NO. 0-4767	George George		der same	as it	em 13	
ľ		18. CAUSE OF DEAT	H (Enter anly)	ane cause per	line far (a), (b	b', and iç'	1		3		APPI BETWE	OXIMATE IN EN ONSET A
-		PART I, DEATH W	IMMEDIATE		Avda	nue	land	mone &	aset		4	m
	7	Canditions, if any, gave rise to imm cause (a), statin underlying cause	mediate ag the last.	(c)		SEQUENCE OF	I NOT RELATE	D TO THE TERM	inal disease or	CONDITION	GIVEN IN PART	1(a)
7	TIFICATION	gave rise to imm cause (a), statin underlying cause	nediate ag the last.  NIFICANT COI	DUE TO, OI	RAS A CONS	SEQUENCE OF	mell	du	INAL DISEASE OR	20b. IF	GIVEN IN PART  YES, WERE FIN RTIFYING CAU: YES	DINGS US
20		gave rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN	nediate ig the last.  NIFICANT COI  F HULL  TION  DERLYING  CAUSE OF DEATH	DUE TO, OI  (c)  NDITIONS CO  19b. CONDI	R AS A CONS  ONTRIBUTING  ONTRIBUTING  ONTRIBUTING  ONTRIBUTING  FINJURY  M. MONTH	SEQUENCE OF	DN WAS PERF	ORMED	20a AUTOPSY	20b. IF	YES, WERE FIN RTIFYING CAU: YES []	DINGS US SES OF DE NO
NI.	TIFICAT	gave rise to immediate to cause (a), stating underlying couse  PART 2. OTHER SIGN  PAR	MIFICANT COI  NIFICANT COI  ALLEN  TION  DERLYING CAUSE OF DEATH CALEXAMINER]  RED	DUE TO, OI  C()  NDITIONS CC  PULL  19b. CONDI  21b. TIME O HOUR A.  P.  21e. PLACE	PAS A CONS  ONTRIBUTING  LITION FOR W  FINJURY  M. MONTH  M.  OF INJURY	TO DEATH BUT	DN WAS PERF	ORMED NJURY OCCUR	200 AUTOPSY YES NO	20b. IF	YES, WERE FIN RTIFYING CAU: YES []	DINGS US SES OF DE NO
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DIVISION	SHOUN RIOR	MEDICAL	CONTRIBUTI	OCCURRED	DEATH PLANE	1120	85 /	CATION .	lealling	
DIVI	WRITIN WRITIN ARE 3 ATE DE	WE		NOT WHILE AT WORK		ORY, FARM, ETC.)	20	109 Arona	Road, Fort We	Ushnigton, Ned STATE
	FORW HE ST P		22e I certi	ify that I took char	ge of the remains desc	cribed above, held	Autop	sy . Inspectio	n . Inquiry . on	d in my opinion 20744
4	REECT VITH I		death result	red from: Nati	urol couses	Accident ,	Suicide	, Hamicide	Undetermined manner,	
	AL DECE		ACTUAL SIGNATURE	Ory	mis X	Laugu	3/1	Deputy	MEDICAL EXAMINER	DATE SIGNED 5-19-85
	TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT BALTIMORE		EXAMINER'S (TYPE OR PRI	NAME AUDIS	to P. Rodrig	uez. N.B.	/	ADDRESS_ 5009	Rayburn Ct., Temp	le Hills. Md
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23e.B		TION, REMOVAL	736 DATE	23¢ NAME OF	CEMETERY O	R CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
07/84 25M	BP	Bu	irial UNERAL DIREC		May 22, 19	985 Sunse	t Memo		Cumberland, M	aryland
				TOR CANAM	pelli Fune	wal Home		250 DATE	REC'D. BY REGISTRAR 25b. REGI	STDAD'S SIGNIATURE

DIVISION OF VITAL RECORDS,

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FOR STATE

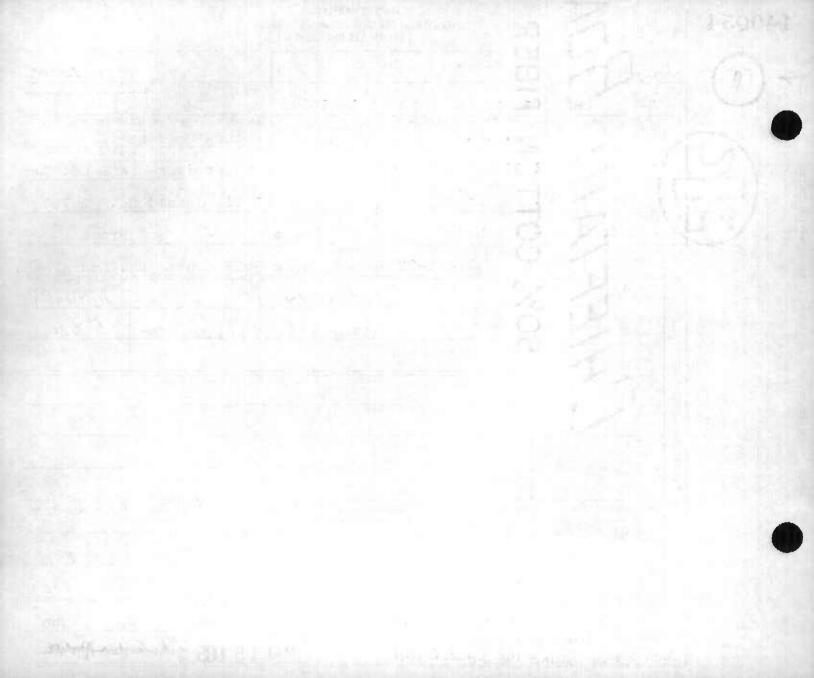
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH

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	1	REGISTRAR				CERTIF	ICATE OF DE	AIH	REG. N	٥.			
		CEASED NAME OR PRINT)	FIRST GI	nalmers	J.	We	ır 1			5	10 8	26 HOUR	A <sub>M</sub>
	3 SE>	Male		Caucas	sian	Sep		9 <b>3</b> %	6 AGE (IN YEARS LAST BIR	M	FUNDER I YEAR	HOURS M	AIN.
12		Shio	OREIGN	U.S.		RY? 8. MARRIEI WIDOWE	D NEVER MA	ARRIED D	Prince G				MD.
0	]	ty or town of dea Laure1		16213	Jeral	d Road	R OTHER INSTIT	UTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Supervi	F WORKING LIFE	INDUSTRY	CO. F	
3	13n S	AL RESIDENCE IN NURSIN TATE aryland	13b COUN PC	OTHER INSTITUTION	GIVE RESIDENCE BE 134. CITY OR T Laure	OWN	13d. INSIDE CITY	Y LIMITS?	13e STREET ADDRESS / 16213 Je	ZIP CODE	Rd.	20707	7
16	14 FA	William		MIDDLE	Weir		15 MOTHER'S A	helma	WIDDIE		Prou	t	
1	16a W	VAS DECEASED EVER I		MED FORCES? E WAR OR DATES) Cea	166 SOCIALS	2-2239	Joyce		9025 Con		Rd. La	urel	Md
		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSE	ly one couse per D BY: 'E CAUSE (a)	line for (0), (b)	, and (c).	rdiac	Br	est		APPROXI BETWEEN C	MATE INTERVAL	ATH S
		Conditions, if any, gave rise to imm cause (a), stating underlying cause	ediate g the last.	(b)	R AS A CONSER	OUENCE OF	aerne	d' Ci	whoisor	liver	3	<b>Xars</b>	
2	CERTIFICATION	19a DATE OF OPERAT					NOT RELATED TO		200 AUTOPSY?  YES NO NO	20b, IF YES,	, WERE FINDIN	NGS USED	
9		210, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM 18 PA	ART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	ILE 🗍	21e PLACE (	OF INJURY EET, FACTORY, OFFI	CE, FARM ETC )	21f LOCATION		CITY OR TO	WN	COUNTY	STATE	
		22a. I certify that (I) saw the decease above, (I) (we) (d	d alive an	1	wy 1	6-	nd that in (my) to	19 8 ur) opinian o	, todeath accurred an the do	ite and haur	and from the	that (I) (we)	last
		27b. SIGNATURE	1		9		PH	TENDING IYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	F IAN 🗆	22c. DATE	SIGNED	<u> </u>
1		22d PHYSICIAN'S NA	CA	r PRINT)	ib on	1, wo	22e ADDRESS	Ken	Hazibin A	a D	, out	2090	7
	- (:	urial, cremation, r specify) Burial			35		EMETERY OR CR	TERY	SUTTANO		P6	STATE	
4		NAME COALD		-	ADDRE	s md		25a, DATE	Y 1 5 1005		CAR'S SIGNAT		

DHMH - 16 60M 7/84 (VRA 15, 4)

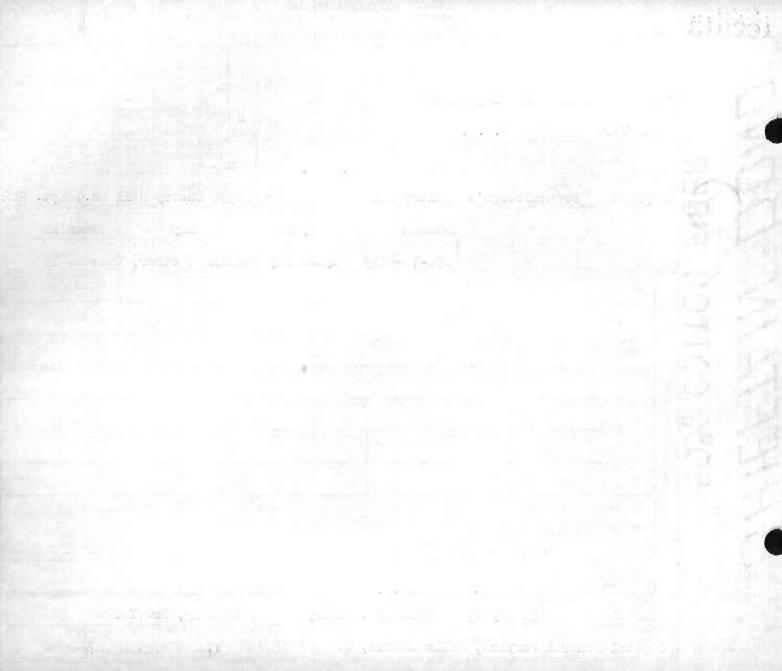
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DECEACED NIAME				CEKITE	ICATE OF DEATH		REG. NO.			
DECEASED NAME	FIRST	M	IDDLE	1	AST	20. DATE OF DI		DAY YEAR	2b HOU	JR
(YPE OR PRINT)	MARY		R.	WH	EATLEY	MAY 10	1985		12.	53 AM
SEX	4. R	ACE		5. DATE C		6. AGE (IN YEAR		IF UNDER TYEAR	IF UNDER	R 24 HRS
Female		White		De.ce		80	YR:	MONTHS DAYS	HOURS	MIN.
BIRTHPLACE (STATE OF	R FOREIGN 7b.	CITIZEN OF V	VHAT COUNTRY?	8			CITY OR COUN			
Manuland		SA		WIDOWE	D NEVER MARRIED	PRINCE	GEORGE	'S COUNT	Y	MD
CITY OR TOWN OF DE		NAME OF H	OSPITAL, NURSING	HOME	OR OTHER INSTITUTION	12a USUAL OC		12b. KIND (		
laurel	G		LAUREL-B		VILLE HOSPITAL			home		
SUAL RESIDENCE (IF NUI		ER INSTITUTION	GIVE RESIDENCE BEFORE	DMISSION)		13e STREET AD	- 0			
Md	P. G.		Beltsund	le	YES NO			eatley L	ane.	2071
FATHER'S NAME	MIDE		LAST		15. MOTHER'S MAIDEN NA	ME	AIDDLE	LA.		
William		odonli			Mary Oresto			LA	51	
WAS DECEASED EVE	R IN U.S. ARMED	FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRESS			
(YES, NO OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	220 05	5053	Annie Seek	samo as	ahaye			
	TH (Enter only o	ne couse ner	line for (a), (b), and		THE PERSON NAMED IN COLUMN 1	ZI MATTEL DATE		APPROX	MATE INTE	RVAL
PART 2. OTHER SIG	SNIFICANT CON	(c) IDITIONS <u>CO</u>		EATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED	INAL DISEASE C	Y? <b>20b. IF</b>	YES, WERE FINDI	NGS USE	
=						YES N	IO IN CEN	RTIFYING CAUSES YES	NO [	
OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATUR	e of injury in Item	18 PART I OR PART?)		
(IF EITHER NOTIFY MED	VHILE	21e PLACE C	OF INJURY SET FACTORY, OFFICE FAI	RM ETC )	211 LOCATION STREET	(	ITY OR TOWN	COUNTY		STATE
AT WORK AT W					. 19					we) les
22a I certify that (	l) (this hospital)					to			that (1) (	
22a I certify that (				. 01	nd that in (my) (our) opinion o		on the date and l			
22a I certify that (	l) (this hospital)					MEDICAL _	STAFF PHYSICIAN		causes st	
22a I certify that (I sow the deceo above, (I) (we)	l) (this hospital) ised alive an (did) (did not) w				DEGREE ATTENDING	MEDICAL _	STAFF	hour and Irom the	causes st	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove as with the State Dept of Health and Mental Hygiene prior to burial, cremation,

injury, or other troum

IMPORTANT: If them 21 is morked or them 18 shows ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Rakkden Donaldson Funeral Home, Laurel, Md MAY 22 1855

DHMH - 16 60M 7/B4 (VRA 15, 4)

Chambers Funeral Home Riverdale, Maryland

236 DATE

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

(SPECIFY)

25a DATE REC'D. BY REGISTRAR 75% REGISTRAR'S SIGNATURE

CITY OR TOWN

23¢ NAME OF CEMETERY OR CREMATORY

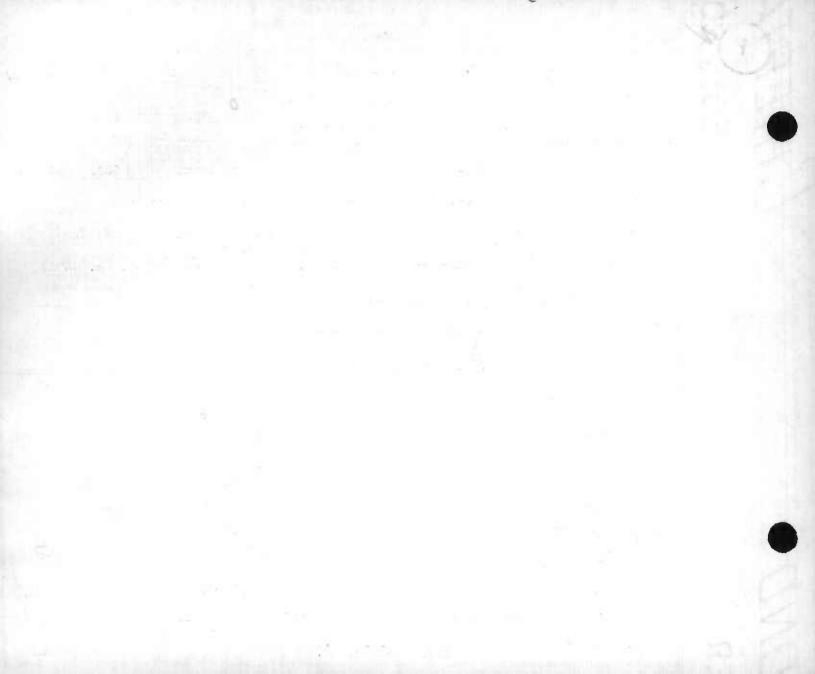
Ft. Lincoln Cemetery

Brentwood, P.G. Co., Maryland

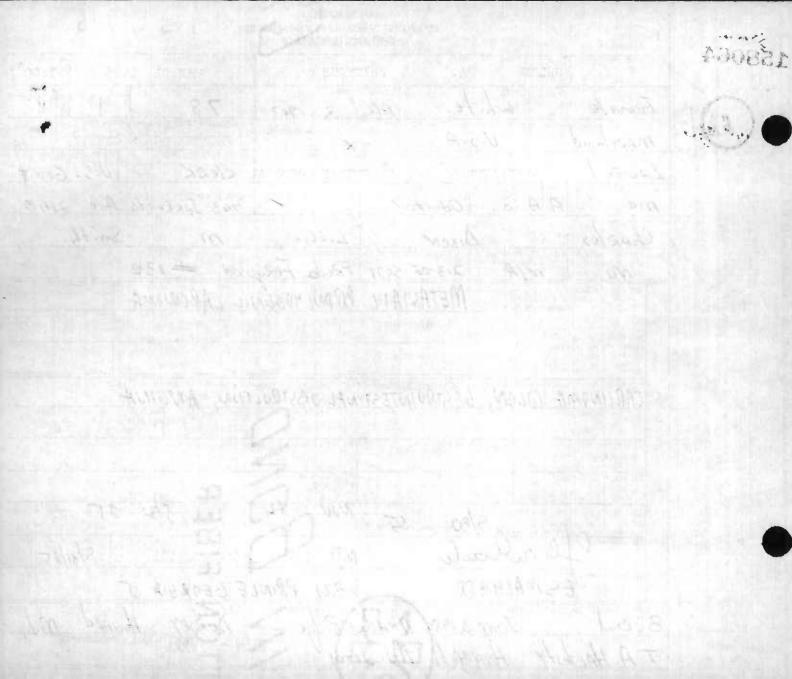
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- HOOCA	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTACH CERTIFICATE OF DEATH	YGUENE REG. NO	5 3 7 6	
158064		CEASED NAME FIRST HELE	N A.	WHITMORE	2e. DATE OF DEATH	31, 1985	26. HOUR 2:00 <sup>A</sup> .
	3. SEX		1 RACE White	5. DATE OF BIRTH  MONTH DAY YEAR  APR. 1907	6. AGE (IN YEARS LAST BIRT	HDAY) F UNDER TYEAR MONTHS DAYS	M
● (學)		RTHPLACE ISTATE OR FOREIGN OUNTRY) MARY LOND	76 CITIZEN OF WHAT COUNTRY U-S.A.	Y? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEO	RCOUNTY OF DEATH	Y MD.
2 ( iii s 2 )2 /	10 CI	OVRE DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI GREATER LAUREL	SING HOME OR OTHER INSTITUTION LET ADDRESS) L-BELTSVILLE HOSPIT	120 USUAL OCCUPATION OF THE CHARACTER AND STO		GOU'T
AND 21:	130. 5	AL RESIDENCE (IF NURSING HOME OR	HTY 13c, CITY OR TO	YES NO YES		ZIP CODE AUR.	21/13
ompletely on 2 g	(	LARIES	MIDDLE DIXON	15 MOTHER'S MAIDENN L/LCFRS1	M. MIDDLE	Smit	Z
be execution ond c		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		quson #	13e	
ST., BAL ertificate g physicia on poper emovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	aly one couse per IMOLOTAS TE CAUSE (o)	PATIL BRANCHOGE	NIC CARCIN	INA SETWEET	XIMATE INTERVAL N ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician and completely filled in by so the buriol-transit permit. Then please remove corbon papers, Dages, and 2 provide bit to and Mental Hygiene prior to buriol, cremation, or removal.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEG				
equires to signed Then ple r to buric	NO	PART 2 OTHER SIGNIFICANT CO	CONDITIONS CONTRIBUTING TO	ODEATH BUT NOT RELATED TO THE TE		OITION GIVEN IN PART I	110
he low roon. hos been t permit. rene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
SICIAN: Thing physicio certificate in ricol-tronsit entol Hygie item 18 sho		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	JRRED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART 2)	
OTTEN PHYSO OTTEN THE THE THE DE	MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC.) 211 LOCATION STREET	(11Y OR 10)	wn COUNTY	STATE
ATTENDIFICACION Spiritor or CTOR: A spiritor use of Heolin n 21 is mo		saw the deceased alive on above, (1) (we) (17) (14) and		, and that in (my) (our) opinio	on death occurred on the do	te and hour and from the	, that (I) (we) lost e couses stated
TAL OR yy the howy the how the DIRE detoched to be Dept to the Dep		22b. SIGNATU	whate		MEDICAL STAF	F	31/85
O HOSPITAL efoined by It TO FUNERAL should be det with the Store		22d PHYSICIAN'S NAME (TYPES			ULE GEOFG	IA ST	
BP	3	URIAL, CREMATION, REMOVAL	236 DATE 3, 1985 23	MEADOW Ridge	No 25 Y	Howard	mal.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FU	INERAL DIRECTOR	ANINADA LADDRESS	MJ 2/4/1/ 250 D	JUN BY REC 1985	25L REGISTRARISIONA	CTURE V



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL SYGIENE CERTIFICATE OF DEATH

15377

М	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		. NO.		
91		CEASED NAME	FIRST	٨	AIDDLE	Ĺ	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
7	/		Ann	Elizab	eth WID	MAYER		May 31,	1985		8:20p. <sub>M</sub>
1	3. SE)	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	F	emale		Caucas:	ian	Dec.	AE SASE	67	YRS		
10		RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
-/		sh. D.C.		US	SA	WIDOWE		Prince	George	e's	MD.
10	10 C1	TY OR TOWN OF DE	EATH				OR OTHER INSTITUTION	120 USUAL OCCUI			F BUSINESS OR
0	La	anham			Hospit		Pr. Geo. Co.	Homemak		LIFE) TINDOSTRI	
1	USUA 130 S	AL RESIDENCE (IF NU	RSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRE		DE	
10		aryland	-	e George			YES KOK NO	12817 B			20715
-		THER'S NAME			11-10, 12.7		15 MOTHER'S MAIDEN NA	ME		THE THE	
2		Alexa	ander	MIDDLE	Sa	ffell	Bessi	MIDDI	.E	To	hnson
		VAS DECEASED EVE			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	AC	DRESSONS (	Camelbac	Ir Tono
	()	YES, NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	218-34-5	552	Janice C. Va	sauenza	Freder	rick, Ma	K Lane
		18 CAUSE OF DEA	TH (Enter or	aly one couse per			1000000	D Q d C II Z C	TT GUE	APPROX	IMATÉ INTERVAL ONSET AND DEATH
		PART I. DEATH	WAS CAUSE	D BY:	KIRNSING		ronal browne	hiplitic A	44	Bernet	ONSET AND DEATH
			IMMEDIA								
		Conditions, if an	u which	DUE TO, OI	R AS A CONSEQUI	ENCE OF	brancho pricu	LODIE BU	poor		
		gove rise to in	mmediate	(6)			prosently w	WKN 8WN	,	V	
		underlying cou		DUE TO, OI	R AS A CONSEOU	ENCE OF					
50		PART 2 OTHER SIG	SNIFICANT	CONDITIONS CO	NIRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION	IVEN IN PART 1	0
	NO								0.10110110		
7	CATION	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN	
1	TFK	EMPE						YES NOT		TIFYING CAUSES	OF DEATH?
7	CERTIFI	21a ACCIDENT WAS U	NDERLYING [				21¢ HOW INJURY OCCUR		_		
/		OR CONTRIBUTING	4	Altri	M, MONTH D	AY YEAR					
4	MEDICAL	21d INJURY OCCU		21e PLACE		19	211 LOCATION				
	¥	WHILE NOT A	WHILE [	(AT HOME STR	EET, FACTORY, OFFICE 1	FARM ETC )	STREET	CITY	RTOWN	COUNTY	STATE
		220.1 certify that %		ital) ottended the	e decensed from	4/26	10	10 51	31	10 83	that (we) last
		sow the deced	sed alive or	5/3	19	83	nd that in (my) (our) opinion	death occurred on th	e date and he		()
		22b. SIGNATURE	(did) (did no	of I view the body	ofter death.		DEGREE			22c DATE	SIGNED
1	1	In	at a	rolen			ATTENDING		TAFF	6	1/85
-		22d PHYSICIAN'S	VAME (TYPE	OR PRINT)			PHYSICIAN _	DIRECTOR PH	ISICIAN		. 10
		Mich	HAVL	F. Aoh	·As Or.	D.	LANGLAGE Y	Doetras	Meson	· Md.	
		BURIAL, CREMATION	N, REMOVAL	23b. DATE	231.1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	<del>-</del> -		
	(	Buri	al	CONTRACTOR OF THE PARTY OF THE			Heaven Cemete	CITY OR TOW		ing Maj	STATE On A
	24 FL	UNERAL DIRECTOR	0	0.11	1		25a DAT	E REC'D. BY REGISTI	PAR 756 PEGA	STRAPSSIGNING	Medica
84	מ	eall Fune	ma)	ome /	Bowie.	Annaj	polis Rd. JUN	13 1985	inart	MUTUCO - 1	
		Contract 1 Uli		JULY /	DOMTE	THE V	auu		VI.		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

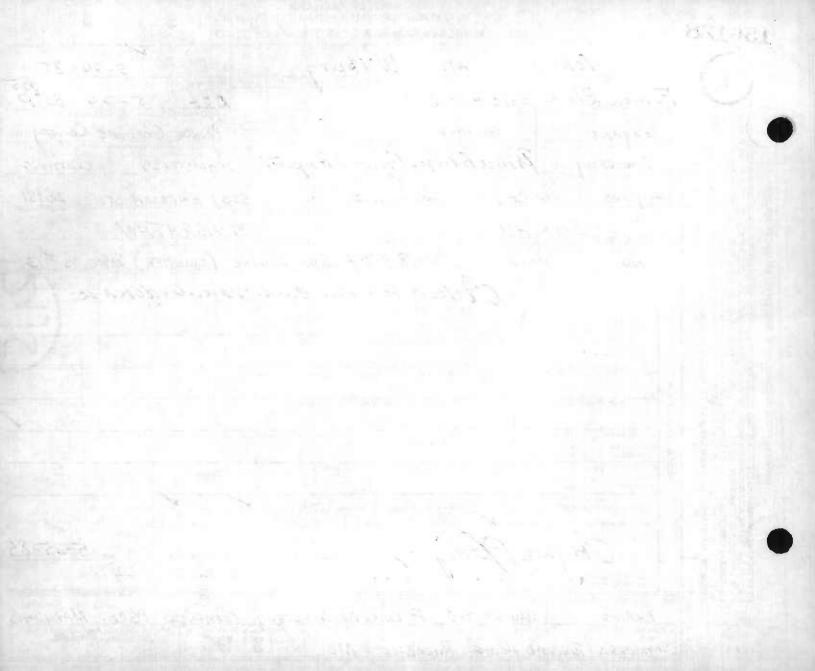
IMPDELANT I I tem 21 is morked at Item 18 shows ony injury, or ather troumotic event, the medical exa

St. Serespecti Marylana Intros Gagnas Border North TOOS CHARLED LANGE 218-14-1992 Jantes C. Garguman Productor, Margaret June of Lot Save of neaven demotracy Stiver option, Maryland

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bnafyrail . Dismit

1-/	1	FOR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 7	2
156128	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	0
100		CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN TO MONTH	DAY YEAR 26 HOUR
E SEE		Ishau	Wilpurg DEATH MATED 5.	-2419 85 N
	3. SE	emale Black	11001111	2-4 19 85 PM
SA SEE		IRTHPLACE (STATE OR DREIGN COUNTRY)	11. CITIZEN OF WHAT COUNTRY? 8 MARRIED ■ NEVER MARRIED □ 9 BALTIMORE CITY OF COUN	TY OF DEATH
SAN SAN A	10.0	GUYANE ITY OR TOWN OF DEATH	GUYANE WIDOWED DIVORCED PRINCE GEORGE	1126 KIND OF BUSINESS
の大学を記す		CHOVORUS	PINCE CILITY OF TENERAL HOPE SEAMS TRESS	OR INDUSTRY CLOTHING
ANY D NND 3 NND 3	13a. S	TATE 13b COU	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  JUNTY  13c CITY OR TOWN  13d INSIDE (ITY LIMITS?  13e STREET ADDRESS  YES NO   5507 EMERSON S	T. 20781
W HOUSE		ATHER'S NAME	MIDDLE LAST FIRST MIDDLE	LAST
ORE, DEAT	14.	SUK WAS DECEASED EVER IN U.S. AF	ARMED FORCES? 166 SOCIAL SECURITY NO. 117. INFORMANT SUBRATIAN ADDRESS	
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE RITING THE WORD. "FRIDING" IN PENCIL IN ITEM 18. GIVE PAGE RRITING THE WORD. "FRIDING" IN PENCIL IN ITEM 18. GIVE PAGE RRED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR PER 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES TE DEPARTMENTOF HEALTH AND MENTAL HYGIENE. DIVISION OF PROR. TO BURIAL, CREMATION, OR REMOVAL.		ES, NO, OR UNKNOWN) (IF YES, GIVE	ARMED FORCES? SINE WAR OR DATES)  NONE  106. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  TOPM BOURNE (DAUGHTER) SM	me AS #13
MURS AF WITH WITH IT. PAG	F	18. CAUSE OF DEATH (Enter of	r only one couse per line or (o), (b), and (c),	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON S. 174 HC 10NG 10NG PERM GIENE		PART I DEATH WAS CAUSE	DIATE CAUSE CONSEQUENCE OF	22
PRESTON ITHIN 24 I SIL IN ITE/ VER ALON ANSIT PEF AL HYGIE REMOVA		Conditions, if ony, which	nich	1000
PENCENTA AMIN		gave rise to immediate cause (a) stoting the <u>under</u> lying couse lost.		
S, 20 SECUTE NAL EX NAL			(c) DNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 o.	
ECORDS  DE EXECTED OF THE EXECUTED OF T	Z	TAKE 2 OTHER SIGNET CARE CONDITION.	SAS COMMINIOURS TO DEATH BUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
AL RECO	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
OF VITAL  CATE SHOUL  HE WORD  THE CHIEF  MENT OF HE  JO BURIAL	HE HE	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PA	YES NO W
NO PENCATE		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR	W1 23
CERTI TING DED T DEPA DEPA T PRK	MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY (ATHOME, 211 LOCATION	DUNTY STATE
D THIS WAR		WHILE NOT WHILE AT WORK	OFFICE OFFICE OF THE CONTRACT	
INER: ICATE TOR: AND,			arge of the remains described above, held an Autopsy . Inspection . Inquiry ., and in my of	pinian
EXAMI CERTIFIC DILD BE DIRECT , WITH WARYLY		~	atural causes . Accident . Suicide . Hamicide . Undetermined manner	Ge
コギのゴモ	-	SIGNATURE MUSIC	M.D. Deputy MEDICAL EXAMINER SIGNI	
5 2 m 3 m 3		EXAMINER'S NAME (TYPE OR PRINT)	Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Temple Hills	s,Md
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.E	URIAL, CREMATION, REMOVAL	CITY OR TOWN COU	INTY
07/84 BP	24. F	BURIAL UNERAL DIRECTOR	MAY 27, 1985 FT. LINCOLN CENETORY BROTTWOOD PGCO 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR S	
DHMH - 17 (VR A15 ME (5))	C	mmbers FUNDA	MAY HOME RIVERDAGE MD. JUN 3 1985 grandom	-Mandell



		/	OR #8,FilmG604 6/	7/85 kamena prazeni	STATE OF MARYLAND OF HEALTH AND MENTAL H	IVALENT 1 44	-9 -9 -0
1	40091	1-	STATE REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE	POPATU	3 / 4
N	10	LDE	EASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN	_
X	200	(TYF	Georg-	e F/	Vilcox	OF ESTI-	5-9 1985 "
	28 8 B	3 SEX			(IN YEARS IF UNDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
		1/4	166 White	am. 30 1937 4	SIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	5-9 1085/CPM
	RALL SA	7a. B	RTHPLACE (STATE OR	CITIZEN OF WHAT COUNTRY?	8 JEVER MARR	9. BALTIMORE CITY	R COUNTY OF DEATH
	NECESSA FUNERAL FOR Y	17/	ineuglose D. b	11.2.H.	WIDOWED DIVORC		arges, MD.
	SHREE	10 C	Y OR TOWN OF DEATH	OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	FOF WAR KIND OF BUSINESS OR INDUSTRY
	A SERVICE	. (	thensely.	mee Genges	senual Hopele	1 Hever Empl	ayed man
201	NO SEE SEE	13a. S	L RESIDENCE IN NURSING HOME OR OTH ATE 136 COUNTY	HITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	OF KNIPMI
0.21	* A M D M	14.5	Maryland Trines	seauge bests	YES YES NO	14307 - Kenny	St. Pellstille 114
W.	SES 1, AND	14 F	FIRST AME	TOLE TIPLET	15. MOTHER'S MAID	EN NAME MIDDLE Y	LAST
AOR I	A S S S S S S S S S S S S S S S S S S S	160.	AS DECEASED EVER IN U.S. ARMED	PORCEST 166, SOCIAL SE	CURITY NO. II INFORMANT	ADDRESS	euce -
BALTIMORE, MD. 2120	AFTER SIVE PA TH FOR VISION	(1	S, NO, OR UNKNOWN) (IF YES, GIVE W	D 214-4:	1-5084 Jhu. R. 9	Viland (i	301)
	WITH WITH	F	18 CAUSE OF DEATH (Enter only on	e cause per ine for (o), (b), and (	(h)	Mary !	APPROXIMATE INTERVAL
N ST	SE S		PART I DEATH WAS CAUSED BY	tra-bable	mulfiple drugo	rusdose	BETWEEN ONSET AND DEATH
STO	AZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ			DUE TO, OR AS A CONSEOU	ENCE OF		
- A	MITHIN NCIL II INER RANS ITAL H		Conditions, if ony, which gave rise to immediate	(b)	V		
3	983-70		cause (a) stating the under- lying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
5, 20	0: . = = =			(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	PENDING PENDING F MEDIONG FED AS A BU HEALTH AN HEALTH AN	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTI	EMULING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE OR CONDITION GIVEN IN PA	iRT 1 to:	
REC	PEN MEN MEN MEN MEN MEN MEN MEN MEN MEN M	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		28 AUTOPSY?
IA		FF					YES NO P
A V	< 070	1 8	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY	21c. HOW INJURY OCCURRE	ED LENTER NATURE OF INJURY IN ITEM 18	
ONO	CERTIFICATE VILLO THE WOED TO THE SAHOULD DEPARTMENT OF PRIOR TO THE SHOOL THE SHOOL TO THE SHORE THE		UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		19		
VISI	RECERTIFICATION TO SE 3 SHOULD FOR PRIOR	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE D	216 PLACE OF INJURY (AT H STREET, FACTORY, FARM, ETC.)	OME, 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
۵	WRITT WARD AGE: AGE:	-	AT WORK AT WORK				
	ATE, T ORW HE ST VD, S		22a. I certify that I taak charge of	the remains described obove, hel	d on Autopsy . Inspectio	on . Inquiry . an	id in my apinion
	MINING BE F		death resulted fram Natural co	auses . Accident .	Suicide , Hamicide	Undetermined manner ,	
	EXA CERT CERT UILD I		ACTUAL HEREAR.	Drichery.	TIT(E) SPECIFY)		DATE 5-10-85
	INE GER SHOULD ERAL DIR EATH, WI PRE, MARK		SIGNATURE	1. Kerry Co	M.D.	MEDICAL EXAMINER	SIGNED 5 -10 0
	TO MEDICAL EXAMI EXECUTE THE CERTIFIE PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH BACTIMORE, MARYLL		EXAMINER'S NAME TUREST	P. Raderice	42-MP ADDRESS 500 9	Kay pum Ct.	Carred Strues.
	PA10 PE10	73a B	Burial M	ate 13, 1985	of CEMETERY OR CREMATORY Union Burtonsv	23d LOCATION	COUNTY WILLIAM PER
07/84 2SM	BP	200	1	2000	IZ50. DATE		Md
	DHMH - 17	X	the Harry Valley	Takoma Fur	neral Home.	10.	ISTRAR'S SIGNATURE
	(VR A1S ME (S))	#	exerce sources	254 Carroll	St. N. W. DMA	1 1 5 HOS GIRA	Devideon Admidale.

a Light to the transfer of the state of the The grant that have the state of the state o Telliene E Jessen Secretary of the State of es attend or svan dept males at . If y THE PARTY OF THE P

PRESTON ST., BALTIMORE, MARYLAND 2120

3 201

DIVISION OF VITAL RECORDS.

FOR

(TYPE OR PRINT)

Male

COUNTRYS Ohio

CLINTON

Maryland

14 FATHER'S NAME

Yes

3 SEX

OSCAR

TO BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

Robert

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

saw the deceased alive an

22b. SIGNATURE

NOT WHILE 22a 1 certify that (1) (this has pro-

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME

V.

76 CITIZEN OF WHAT COUNTRY?

Prince Georges Suitland

21e PLACE OF INJURY

Lattended the deceased from

(AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

4 ANSARI

HOUR A.M.

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

(IF YES GIVE WAR OR DATES)

WW II

C.

136 COUNTY

Black

USA

A. 6,1911 74  REVER MARRIED PROPORTION 12a, US  ROTHER INSTITUTION 12a, US  EPITAL 13d INSIDE CITY LIMITS? 13e,STF  YES NO 32	TIMORE CITY OR CE INCE GEOR SUAL OCCUPATION CAPTIE REET ADDRESS / ZI	YRS. OUNTY C	COUNT		MD.
PROTECTION   12a, US   13a INSIDE CITY LIMITS?   13a STE YES   NO   32	CINCE GEOR  SUAL OCCUPATION  THE CAPTIE  REET ADDRESS / ZII	GE:S	COUNT		
PITAL  13d INSIDE CITY LIMITS? 13e STI YES \( \text{NO} \( \text{NO} \) \( \text{32} \)	Carrie	ORKING (IFE)		F BUSINE	ESS OR
YES NO 32					
	04 Ryan R		20	74	46
15. MOTHER'S MAIDEN NAME Nellie 17. INFORMANT	ADDRESS	1	Foster	1	
Ercelene Snell	Wilkins	same	e as #:	13	
Lumary V	rrest		BETWEEN	MATE INTE	RVAL DEATH
	lue			Ξ.	
f Pancreas	COPD		VJ		12

PART I. DEATH WAS CAUSED	one couse per ling rion, (b) and (c) BY: CAUSE (a)	mlumary	Arres	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE	in Heart	Failure	
gove rise to immediate cause (a), stating the underlying cause last	DOE TO, OR ACQUIOUENCE	2 of Pancr	eas COP	2
PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing to dea</u>	TH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDITION GIVEN IN PART 110
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPE	eration was performed	200 AUTOPSY?  YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART 2)

211. LOCATION

DEGREE

STREET

PHYSICIAN

WILKINS

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

SOUTHERN M RYLAND HOSPITAL

166 SOCIAL SECURITY NO.

299 14 4761

MONTH DAY YEAR

Wilkins

Jan. 6,1911

MARRIED NEVER MARRIED

and Mental Hygie ō morked DIRECTOR old be detoched the State Dept. MPORTANT BP

MEDICAL

DHMH - 16 60M 7/84 (VRA 15, 4)

23e. BURIAL, CREMATION, REMOVAL 236. DATE Burial

23c. NAME OF CEMETERY OR CREMATORY May 15, 1985 Woodside Cemetery

23d LOCATION Oxford

MEDICAL

Ohio

COUNTY

STATE

STATE

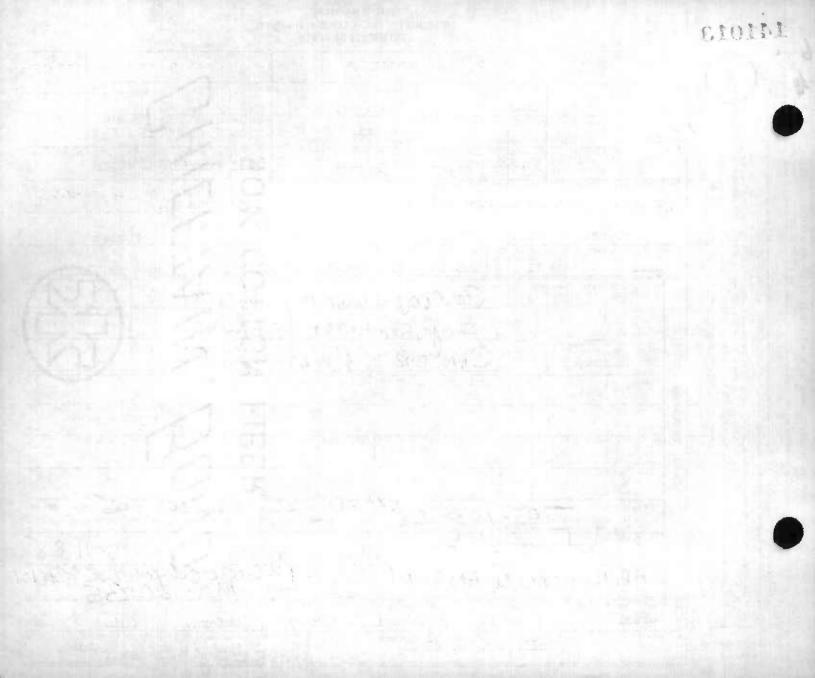
24 FUNERAL DIRECTOR Ives-Pearson Funeral Homes Arlington, Va. 2022201 250 DATE REC'D. BY REGISTRAR Sb. REGISTRAR'S SIGNATURE Devidour-Randalle

CITY OR TOWN

STAFF

and that in (my) (and apinion death occurred an the date and hour and from the causes stated

DIRECTOR PHYSICIAN



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-John Leslie Wilson 1219 85 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 1:10P Male 58 DEAD 12 19 85 Oct 6,1926 Cauc. TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Prince George's County North Carolina DIVORCED 10 CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION Cheverly Prince George's General Hospital Installation Tech. C&P Telephone Co. NECOUNTY 130. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Washington 4925 Sherier Place N.W. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE James Wilson Ila R. York 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS World War II. 244-24-9371 Katherine L. Wilson-4925 Sherier Pl.N.W. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the under-AS A BURIAL-T EALTH AND MEN CREMATION, O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CATE, WRITING THE WORD "PENDING FORWARDED TO THE CHEF MEDICAL OR: PAGE 3 SHOULD BE USED AS A BU THE STATE DEPARTMENT OF HEALTH AT AND, 21201 PRIOR TO BURIAL, CREMAT 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [] 210 EXTERNAL CAUSE WAS 116. TIMÉ OF INJURY HOUR XXXMONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 12:15 M. 12 19 85 Driver in auto/tractor trailer impact 21e PLACE OF INJURY (ATHOME 71f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK CKECUTE THE CERTIF.
PAGE 4 SHOULD BE FORWARD
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
PALTIMORE, MARYLAND, 2127 road Rt. 50 nr. Rt. 202, Cheverly, P.G. Co., MD. 220 I certify that I took charge of the remains described above, held an and in my apinian Accident XX death resulted fram-Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 5/13/85 Assistant MEDICAL EXAMINER EXAMINER'S NAM Ann M. Dixon, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Buria1 5-16-1985 National Memorial Park Falls Church Fairfax Va. 24 FUNERAL DELET X.1 Tyen 3901 N. Fairfax Dr. **DHMH - 17** Arlington Funeral Home-Arlington, Virginia (VR A) 5 ME (5))

At the on Funeral singularity ton, Virginia We Links

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
	CEASED NAME	FIRST	^	WIDDLE	ι	AST	20. DATE OF DEATH		AY YEAR	26 HOU	JR
(TYPE	E OR PRINT)	ee	Cam	P	WILS	SON	May 1,19	985		4:00	) AM
3 SE	X	42.10	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER	24 HRS
1	Male		White		Sept.	26, DAY 1917 EAR	67	YRS.		1.00%	74,114.
	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	OF DEATH		
-	nnsylvania		U.S.A	A.	WIDOWE		Prince Ge	orge's			MD
	ITY OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND (	Jeavv	ESS OR
	anham Al RESIDENCE (IF NURS	NIC HOUSE	Doctors			Pr. Geo. Co.	Sales		1	arts	-
13a. S	STATE  Maryland	Pr.	NTY	13c. CITY OF			6209 87th		2078		00.
_	ATHER'S NAME	15-42				15 MOTHER'S MAIDEN NAM	ME	2110			
	Thomas		WIDDLE	Wi	1son	Florence	MIDDLE		Jor		
16a V	WAS DECEASED EVER	IN U.S. AF	RMED FORCES?		SECURITY NO.	17 INFORMANT	ADDRI	ESS			
1	YES NO OR UNKNOWN)		WII	182_1	2-3640	Elizabeth Wi	laan		87th A		
						ETTZWOGOU MT	TSOH New	Carrol	1ton	XIMATE INTE	078 RVAL
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly ane cause per ED BY:	line far (a), (	bi, and ici	tATIC CAI	W 31111 4 W	4	BETWEEN	ONSET AND	DEATH
		IMMEDIA	TE CAUSE (a)	J.	17-17-1	/3/ 10 0//1		V		) regi	-)
	Candition II	100	DUE TO, OI	R AS A CONS	SEQUENCE OF						
h .	Canditions, if any, gave rise to imm	nediate	(b)						-		
	cause (a), statin underlying cause		DUE TO, OF	R AS A CONS	SEOUENCE OF						
			(  c)								
NO O	PART 2 OTHER SIGN		CONDITIONS CO PERFOR			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	(a	
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDI	S OF DEAT	TH?
- 2	21a. ACCIDENT WAS UNE	ERIVING F	21b. TIME O	E INTITIDY		21c. HOW INJURY OCCURE	YES NO	YES		NO [	
	OR CONTRIBUTING	AUSE OF DE	ATH HOUR A.	M. MONTH	H DAY YEAR	ZIC HOW HOOK! OCCOR	(ENTER NATURE OF INJU	RY IN ITEM 18 PAR	HIORPARI 2)		
MEDICAL	21d INJURY OCCUR		R) P./		19	211. LOCATION					
A	WHILE NOT WE	HLE	(AT HOME STR	EET FACTORY, O	OFFICE, FARM ETC.)	STREET	CITY OR TO	WN	COUNTY	5	STATE
	220.1 certify that (I)		utal) attended the	a dasassad f	March	30 19 85	May 1	11	9.85	Ab-A (3) (	\
	saw the decease	d alive ar	May 1,			nd that in (my) (aur) apinian o				couses st	ated
	226. SIGNATURE	na i taia iit	1	/		DEGREE	/		22c. DATE	SIGNED	
-	120	gn 1	3 Ly	New	in	ATTENDING PHYSICIAN	MEDICAL STA		5	5/1/8	5
	22d. PHYSICIAN'S NA	AME (TYPE	OR PRINT			22e ADDRESS					
			gham, M.	D.		6510 Kenilw		Suite	7, Riv	rerda	1e,
	BURIAL, CREMATION,	REMOVAL	236. DATE		230 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY		STATE
	Buria	1	May 4,	1985	Ft. Lin	coln Cemetery	Brentwood	P.G.	Mary	/land	
24 FI	UNERAL DIRECTOR .	Howar	d Hales	Lanha	m <sub>ss</sub> Funera	1 Home 25a DATI	E REC'D. BY REGISTRAR	256. REGISTR.	AR'S SIGNA	TURE	
A.					om Md	. WIAT	1 1985 4	Via David	Man Gar	dill	Ø

20706

9013 Annapolis Rd. Lanham, Md

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate hos been

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumotic event, the

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PROJECTES

5	3	O	25
	100	100	,

	REGISTRAR		CERTII	FICATE OF DEATH	REG. N	0.		
	DECEASED NAME  TYPE OR PRINT)  PIRST  MILDI	RED GERTRUD		(AST	May 25	MONTH DAY	1985	12:50PM
3	SEX	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
1	Female	White	Aug		70	) YRS	HS DAYS	HOURS MIN.
M	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	I COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY		DEATH	
7	Manyland	U. S.A.	WIDOW		Prince Geo	rge's		MD.
j0	CITY OR TOWN OF DEATH  Lanham			P.G. County	120 USUAL OCCUPATION OF OF WORK EDRINGSTOR	ON I	NOVELD	County
5 13	1/1		esidence before admission; CITY OR TOWN Lothian	13d INSIDE CITY LIMITS? YES NO X	CFerk 13e.STREET ADDRESS 94 Mary Lo			
0	FIRST	Lemuel 1	Vindsor	Maggie	MIDDLE	vine	Hutc	hinson
2 160	WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES!	79-32-2702	William E.	8610 E. Windsor- For	Fort F		
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.		A CONSEQUENCE OF					
2	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTR	IBUTING TO DEATH BUT	T NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN	IN PART 110	,
CEPTIEICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYING YES		
77	00.00.00.00.00.00.00.00.00.00.00.00.00.	DEATH HOUR A.M.	URY MONTH DAY YEAR		JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	220 I certify that (I) (this ho sow the deceosed alive obove, (I) (we) (did) (did	an May 2"	19.85	and that in (my) (our) opinion			d from the c	
	22b. SIGNATURE	-5		DEGREE	MEDICAL STA		22c DATE	
4	22d. PHYSICIAN'S NAME LITY	POL COR PRINTS	M	PHYSICIAN	MEDICAL STA	IAN 🗌	5/25	/85
	Ata O. Moshyedi	M.D.			polis Road,	lyattsvi	11e,	Md.

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT. If Hem 21 is

23b. DATE 5/29/85 Richard A. Coleman Funeral-Upper Marlboro, Home § Maryland 20772

230. BURIAL, CREMATION, REMOVAL (SPECH Burial

23c NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery Brentwood(Pr.Geo's)

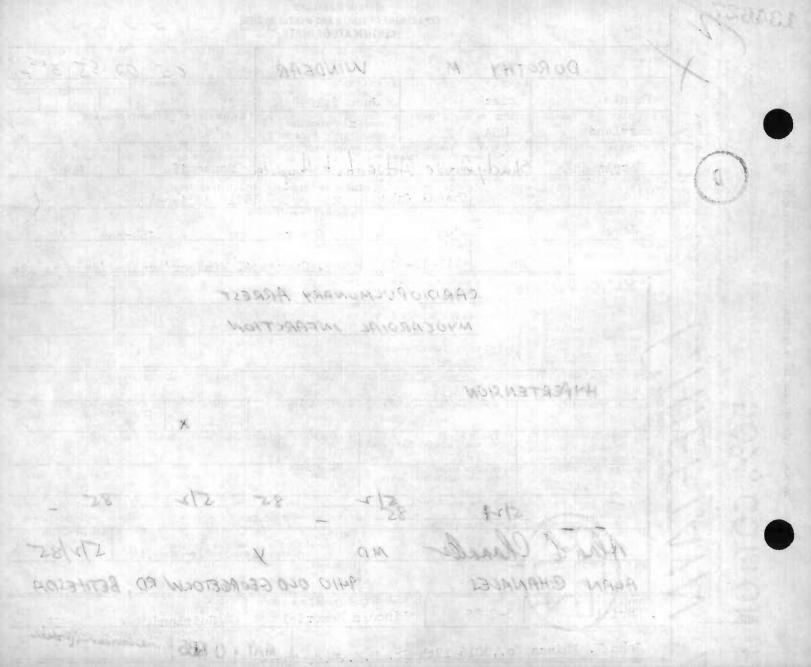
Md.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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101627			STATE OF MARYLAND	a pinta se	(3 ×
134627	FOR 1 - STATE	DEPA	RTMENT OF HEALTH AND MENTAL HYG	SIENE 5 3	8 3
1	REGISTRAR		CERTIFICATE OF DEATH	. REG. NO.	
	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
9 9 9	Dol	ROTHY M	WINDEAR	05 02	85 3°5 pm
moy be	1.5EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UN	NDER I YEAR IF UNDER 24 HRS.
4 office	Female	Black	June 6,1899	85 YRS.	HS DAYS HOURS MIN.
Pog dir	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	9. BALTIMORE CITY OR COUNTY OF	DEATH
4 25 25 P	Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	100	MD
f the	18 CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION		26. KIND OF BUSINESS OR
	Maryland	(IF NOT IN SUCH PACILITY, GIVE ST	REET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) II  Housewife	NDUSTRY
2120 Plowers	MSUAL RESIDENCE (IF NURSING HOM	LE OR OTHER INSTITUTION GIVE RESIDENCE BI	EFORE ADMISSION)		None
10 4 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	13a. STATE 13b C	OUNTY I3c CITY OR T	OWN 138. INSIDE CITY LIMITS?	13e STREET ADDRESS 5218 Addison Road	20743
LAND	14. FATHER'S NAME	Talaper	15. MOTHER'S MAIDEN NA	ME Addison Road	40110
ARY Delete	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
M. Comp	James 160 WAS DECEASED EVER IN U.S	Weeden ARMED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS	on
ORE exec		S, GIVE WAR OR DATES)			
TIM be of S. P. C. P. P. C. P. P. C. P. P. C. P. C. P. P. C.		No 217-4:	2-4036   Rev. George	A. Windear/husband	l/same as 13e
BAI core oper oper oper oper oper oper oper o	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r pnly pne couse per line for (a), (b)	, and ici.i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,		DIATE CAUSE (0) CARION	opulmonary Ari	rest	
on the corbic corbic sortic		DUE TO, OR AS A CONSE	QUENCE OF		
PRESTON he death or emove cart motion, or rtraumotic	Conditions, if any, which		ARDIAL INFARKT	ION	
the the rem	couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF	A STATE OF THE REST.	
thot thot d by eose ol, c	underlying couse lost	(c)			
S, 26			TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN I	N PART 1101
RECORDS law requi		CTENSION			
BCO only	M DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED		ERE FINDINGS USED G CAUSES OF DEATH?
=	TE LE			YES NO YES	
VIT. 7 Nysici Pronsi Tronsi Hygin Hygin Sh	210. ACCIDENT WAS UNDERLYING		DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
SICIA ng ph riol: riol: frem	GIF EITHER NOTIFY MEDICAL EXAM	PUEATH	19		
MHYS and	(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION  NG PHYSI  offer this can on the burning the door the burning the door the burning the door t	AT WORK NOT WHILE				
ADIA AL		ospital) attended the deceased fro	om 572 1985		, that (1) (we) lost
TIEP Porto for 170 A	sow the deceased alive	d not) view the body ofter death.	9 3. , and that in (my) (our) opinion	death occurred on the date and hour and	d from the causes stated
R A hos hos hed ept.	226. SIGNATURE	01 1	DEGREE		22t. DATE SIGNED
the the letoclite D	Hear I	Charable	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/2/85
SPITA d by NER De d TAN	226. PHYSICIAN'S NAME (T	YPE OR PRINT)	22e ADDRESS		
TO HOSPITAL retoined by the TO FUNERAL should be determined with the Store	ALAN CI	HANACES	19410 040 G	EDRGETOWN RD, B	ETHESDA
M W W W W W W W W W W W W W W W W W W W	230 BURIAL, CREMATION, REMO		231 NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	(SPBurial	5-2-85	Lincoln Memorial	Suitland.	STATE YTHUG
	24 FUNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256, REGISTRAR	S SIGNA DRE L RO
DHMH - 16 50M 4/82 (VRA 15, 4)	John T. Rhin	es Co.,3015 12th	St. N. W.	AY 1 O 1985	Mon-No.
(VRA 15, 4)	John T. Rhin	es Co., 3015 12th	St NE D = M	AY 4 () 1900	



4.1	1	FOR		D	EPARTM	ENT OF HEALT	H AND MENTAL		* * 0		
105116	1-	STATE REGISTRAR		MED	ICAL E	XAMINER'S	CERTIFICATE	OF DEATH	S. NO.	2	
	1 DE	CEASED NAME	FIRST		WIDDLE		LAST	20 DATE KNOW		DAY YEAR 76 H	HOUR
	(171	E OR PRINT)					Wingfie	ld OF ESTI-			
(ASE)			Lewis		W.		W XXXXXXXXXXX		5-2	19 85	M
绝上	3. SE	1	RACE	5 DATE OF BIRTH	YEAR	AGE (IN YEARS IF U	NDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE  MIN PRONOUNCED	MONTH	PAY YEAR 2d F	:00
6		Male W	hite	01- 09	1917	68 YRS.	F 19 20 19 39	DEAD	5-2	19 85 p.	• M
70	70. B	RTHPLACE (STAT		76. CITIZEN OF WH	AT COUNT	RY? B. MAR	RIED T NEVER MARI	9. BALTIMORE CI	TY OR COUNTY O	OF DEATH	
0		rginia		USA		WIDO	71		'eorge 'e	County.	AAD
57		TY OR TOWN OF	DEATH			ING HOME, OR OT		120. USUAL OCCUPATION	TYPE OF WORK 12b	KIND OF BUSINES	.55
4	1 7	aurel		(IF NOT IN SUCH FAC			lle Hosp.	Steam Fitter		on industry	ion
			IN NURSING HOME O	OR OTHER INSTITUTION, GIV			The nosp.	Docum 110001		70 70 -	-
L		TATE	_ 136_COUN	TY		sville	13d. INSIDE CITY LIMITS	13e STREET ADDRESS	. 0	4/44	)
2		Marylan	d   Prin	ce George	вети	sville	YES NO		t Avenue		
1	14 F.	ATHER'S NAME FIRST		MIDDLE	LA	.ST	15. MOTHER'S MAID	DEN NAME		LAST	
7	Th	omas	Otis		Wingf	ield	Bessie	NMN	Dav	is	
1	160 \	VAS DECEASED E	VER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCI	AL SECURITY NO.	17 INFORMANT	ADD	ŖESS		
	1	Yes	WWI		223	-26-7427	Virginia	B. Wingfield	Same as	130	
	5			ly one couse per line t			1 1151111	Di Hingi Ivia	T	APPROXIMATE INTER	EVAL .
	$V_{-}$	PARTIDEAT	H WAS CAUSE	D BY:		ltiple In	iuries		-	BETWEEN ONSET AND D	DEATH
	1	8/20	IMMEDIA	TE CAUSE (o)		EQUENCE OF	jarres				
<b>→</b>		Canditions.	if ony, which	DOE 10, OK /	13 A CO113	EGOETICE OF					
		gave rise	to immediate	(b)							
	100	lying cause	oting the <u>under</u> - lost.	DUE TO, OR	AS A CONS	EQUENCE OF					
				(c)							
		PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATE	D TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN IN P	ART 1 id			
	ON N										
Ī	CERTIFICATION	190. DATE OF O	PERATION	196. CONDIT	ON FOR W	HICH OPERATION	WAS PERFORMED?		17	8 AUTOPSY?	
1	1 ×									YES XX NO	
3		210 EXTERNAL		216. TIME OF HOUR XXX	INJURY	21c I	HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)		-
130 54	¥	UNDERLYING CONTRIBUTING	OR		5-2	19 85 dr	iver of all	to impacted pa	arked tra	actor	
	MEDICAL	214 INJURY OC	CURRED	21e PLACE O			OCATION		trailer	IC COL	
5	ME	WHILE AT WORK	NOT WHILE	37	DRY, FARM, ETC		STREET	CITY OR TOWN	COUNTY		STATE
1		AT WORK	AT WORK	r rc	ad			rkirk Rd., Be	itsville,	Prince	
14		22s. Learnity	hat I took sharp	e of the remains desc	hed above	e, held on Auto	psy XX. Inspection	on . Inquiry .	George's	Co., Ma.	
		death resulted	from Natur	off courses	Accident	Sucide L	, Homicide .	Undetermined manner			
		N	1.	NA/1-	0	1784	TITLE (SPECIFY)	The same of the same	No. of the		
		SIGNATURE	elle	U/Xm	ent	1 vuu		T MEDICAL EXAMINER	DATE SIGNED	5-3-85	5
1				0	11			MEDICALEXAMINER	SIGNED		
4	/	EXAMINER'S NO	ME De	nnis F. Sr	myth,	M.D.	ADDRESS 111	Penn St., Bal	to., Md.	21201	
	23n B	URIAL, CREMATIC				ME OF CEMETERY	_ADDRESS	23d LOCATION			
	(	ial	, nemo rac	5-6-85		ion Cemet		Burtonsvil	COUNTY	STATE Md	
		JNERAL DIRECTO	OR .	J-0-0J		Ton demen		REC'D. BY REGISTRAR 256.		comery Md	
	10	NAME		ADDRESS			A A	AN	P	THE ONE	
	Do	nald V.	Borgwar	dt 4400 P	der	Mill Ra T	M	AY 8 1005	Cha Bank	2000	
						- <u>-</u> 1001	eltsville	110		1 Indoor	

STATE OF MARYLAND



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Park No. 1			W. I.		
duitlest met					

151047 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE TE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) Alice Dean Wood DEATH MATED B . 5. DATE OF BIRTH 4. RACE AGE (IN YEARS IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) April 2,1911 74 Female White 76 CITIZEN OF WHAT COUNTRY 7n RIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Prince George's County Virginia WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION
INVOIT IN SUPHRACILITY, GIVE STREET ADDRESS!

Leland Memorial Hospital ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126. KINDUOF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Riverdale Housewife Own Home UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1135 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS P.G. Maryland Hvattsville YES NO | 5309 38th, Ave. #3 20781 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Will Henning Minnie (unavailable) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Address Same as TYES NO OR UNKNOWN 1 (IF YES, GIVE WAR OR DATES) No# 13e. 226-28-1201 Mr. Arvin Wood N/A APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE **BURIAL - TRANSIT** Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id USED AS 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WRITING INC.
WARDED TO THE CHI
PAGE 3 SHOULD BE U
STATE DEPARTMENT O 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY JATHOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE EXECUTE THE CERTIFICATE, WR
PAGE 4 SHOULD BE FORWAR
TO FUNERAL DIRECTOR: PAG
AFTER DEATH, WITH THE STATE
BALTIMORE, MARYLAND, 2120 AT WORK Inspection 220. I certify that I took charge of the remains described above, held an Autopsy death resulted from: 7 Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER GERS NAME John S. Rogers, M.D. 1919 Seminary Road - Silver Spring. M 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial May 29.1985 Fort Lincoln Cemetery P.G. Brentwood Maryland 07/84 25M 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR a Davieson-Mandell DHMH - 17 F. Gasch's Sons F.H. P.A. Hyattsville, Maryland (VR A15 ME (5))

STATE OF MARYLAND

DEAT 1001, 2 Time וסווד מי ו לכ .0 100 foot divet . " it, ming reville - fore gration fill . Total . Parter. Burrial . very 20,102" Fant Fineska Cemetery Broatward P.A. Barrland entrance P. Anachta Sons J.H. P.L. Hynthaville, Ameriand irrector, page 3 ours after death

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	5	3	8	8
REG. NO.		4	-	V

REGISTRAR		CEKTIF	ICATE OF DEATH	REG. NO	0.		
I DECEASED NAME FIRST	MIDDLE	· ·	Wurzbache	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOL	JR
FORAL V	R.	H473-2	777 777		115-12-	85 14	23
3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR			R 24 H
11	1116-	MONTH	Feb DAY YEAR	21	MONTHS	DAYS HOURS	M
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	C S	12 97	9 BALTIMORE CITY O	YRS P. COUNTY OF DE	ATH	
COUNTRY)	16 CITIZEN OF WHAT CO	MARRIE	NEVER MARRIED	SALIMORE CITY	COUNTY OF DE	AIII	
GERMANY	N.SA	WIDOWE	- had	TRINCE	GEOR	96	
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPATI		KIND OF BUSINI USTRY	
USUAL RESIDENCE (IF NURSING HOM	HYATTS	NICE RESORT ADMISSION	LANOK	rectied			a
136 STATE 136 CC	DUNTY 13c. CITY	OR TOWN	136 INSIDE CITY LIMITS?	130 STREET ADDRESS		20782) Road	
I. FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME			
Burkhart		bacher	Emma	WIODLE	Fu:	1k	
60 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMANT	ADDRE	SS	Same a	as
(YES, NO OR UNKNOWN) (IF YES	- 578	8-30-902	A Elsie W	urzbacher	(Wife)	above	
IN CHIPPOPOPATH S.	only one cause per logger to			1		APPROXIMATE PATEI	FYAI
Z Q	I CONDITIONS CONTRIBUT	NO. 35	2-C-5/00/W/ 30-C-1/ 30-01/	THE AUTOPSYT	TION GIVEN IN F		D
14s. DATE OF OPERATION  The ACCIDENT WAS UNCERTIFIED.				YES NO	IN CERTIFYING C		<b>TH?</b>
DECONTRACTOR TO CASSED	Control of the Contro	NTH DAY YEAR	714 HOW INJURY OCCUR	RED Tenter nature of rour	IN PARTIENT REPORT OF	687.01	ţ.
THE STHEK HOTHY MEDICALEXAM	ner, P.M.	19			112		
214 INJURY OCCURRED	CAL HOME CORRES FACTORS		ZII LOCATION	City Git 10	www cox	mir s	STATE
AT WORK THOU AND THE		7/11	101	1/10	101-		
27s I certify that (I) (this he	maitali guelighig run domana	pt-train 2/11	10-	_10_5/12	8 19	thor (i) (	win
saw the deceased alive	not wew he body after de	19 0	d that in (my) (our) opinion	death accurred on the fic	ate and hour and to	om the courses sh	of the
Th SIGNAPORE	11/1 Parties of the	April 1997 Control of the Control of	PAGREE		220	DATE SIGNED	
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30 BURIAL, CREMATION, REMOV	AL 23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	234 LOCATION	lis	. 204	灵
Burial	5-15-85	Cedar	Hill Cem.	Suitla	nd Pr.	Jeo. Mc	d.
1 FUNERAL DIRECTOR			25m QA)				
Nalley's F.H	.Inc. Mt.	Rainier,	Md. MAI	2 0 1985	Julia Davido	on-Randal	N.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician studied be detacked for use as the buriothronsit permit. Then places remove carbon papers, with the State Dept of Health and Martol Hygiene prior to buriol, cremation, or removal. MyPORTANT: If then 21 is marked or them 18 shock? says injury, or other troumatic event, the

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BALTIMORE	E8-588	0	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	577-	577-07-8518		Virginia B. Zanner. Sa			Same	as	item	13.		
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	ARY ARY		- way town	-	- 0	1	-		TITLE (SF								
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	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BAILTIMORE, MARYL	22 -	(TYPE OR PRIN						DDRESS				MINITER	omer,	y, PIO		
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Z5/M	DHMH - 17	24 F	UNERAL DIREC	TOR Jeseph	Gawler's	Sens	s Inc.		2	250. DATE R	REC'D. BY	REGISTRAR .	Sh REGIST	RAR'S SI	NATURE	3:	
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Main Make Meg L , 1 13 N Prince Source's County Greenbelt 7710 Hamover Parloysy, 202 Hotographer L. Corl. 7710 Hanover Parkung, with Maryland Frince Occurs a Secupell distinct to deriot to the little of the court of the cour Syraysold . The Seld . Femore. June in thin 23. . nemenio farorgrova esuna 1919 Seniaury Road Deputy John S. Honere, M.D. Silver String, Hontgomory, 186. The second second second second second 130 20. 7., 7 . 221., ..